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ABSTRACT

Proceedings from a conference on minority women in the health sciences are compiled. The conference participants included social scientists, nurses, health educators, physicians, and academic administrators representing institutions and programs throughout the United States. The role of minority women as health care providers was addressed as well as the problems and concerns of minority professional women. The goals of the conference included: assessment of the current state of research and knowledge about professional minority women's experiences, identification of areas for further research, compiling of recommendations, and creating an atmosphere where minority women and men professionals could meet and discuss one another's work and exchange ideas. The following papers are included: "Making Ourselves Visible: Evolution of Career Status and Self-Image of Minority Professional Women" (Sharon Collins): "The Nature of Professional Training for Minority Women: An Overview" (Vicki Alexander): "Culture Conflicts In Professional Training of Minority Women" (Jewelle Taylor Gibbs): "Being A Minority Professional Woman" (Loma K. Flowers): "Recommendations and Research Issues" (Cecilia Preciado Burciaga): "Directions in National Health Policy: Implications for the Participation of Minority Women in Medicine" (Gleoria Bradley-Sapp): and "Minority--Professional--Women: The Creative Tension" (Margaret B. Wilkerson). A conference agenda, bibliography, list of conference participants, and conference evaluations are included. (SF)

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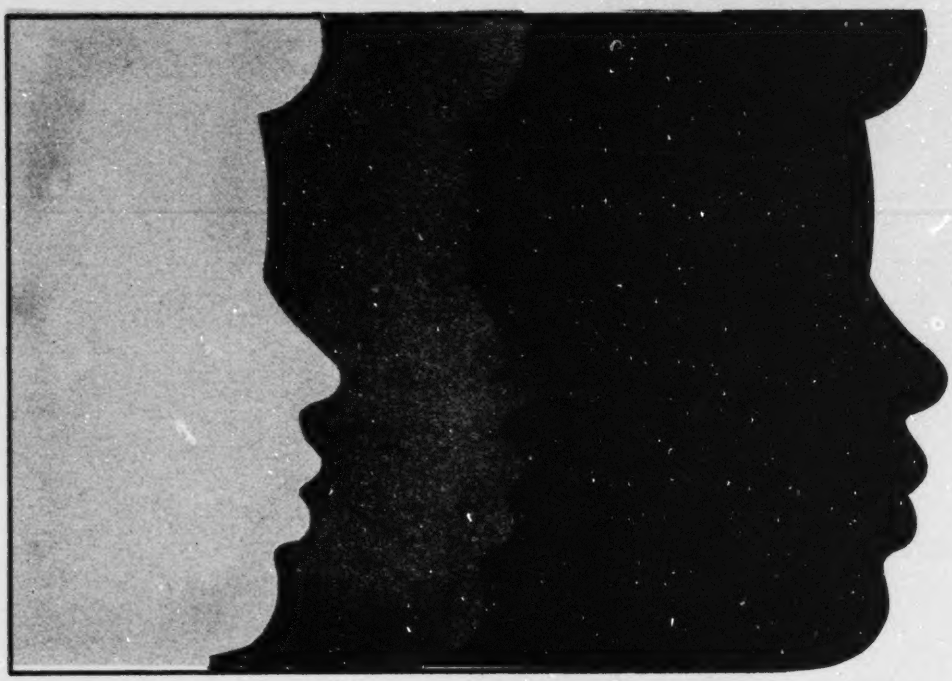
THE MINORITY WOMAN IN AMERICA:



Professionalism At What Cost?

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PROCEEDINGS OF A CONFERENCE AT
THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
MARCH 16 - 18, 1979

PROCEEDINGS OF THE CONFERENCE ON THE MINORITY WOMAN IN AMERICA: PROFESSIONALISM AT WHAT COST?

SPONSORED BY THE PROGRAM FOR WOMEN IN HEALTH SCIENCES
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

Lucy Ann Geiselman, Ph.D.
Dean, Continuing Education
Project Director, Program for Women in Health Sciences

Held at the University of California, San Francisco
March 16 – 18, 1979

CONFERENCE CONVENORS

Sharon M. Collins, M.S.W.
Third World Coordinator
Program for Women in Health Sciences
University of California, San Francisco

Gleoria Bradley-Sapp
Program Representative
Program for Women in Health Sciences
University of California, San Francisco

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HEALTH RESOURCES ADMINISTRATION
OFFICE OF HEALTH RESOURCES OPPORTUNITY

CLAY E. SIMPSON, JR., Ph.D., CHIEF
CLAIRE B. MANSBERG, PROJECT OFFICER

ACKNOWLEDGEMENTS

The conference "The Minority Woman in America: Professionalism at What Cost?" is the result of the work of many people. I would like especially to thank the conveners of the conference, Sharon Collins, Third World Coordinator, and Gleoria Bradley-Sapp, Program Representative, The Program for Women in Health Sciences. These women were assisted by a planning committee composed of minority professionals on the campus who developed with them some of the important concepts of the program. The conveners were also assisted by the staff of the Program for Women in Health Sciences: Velma Parness, M.P.H., Program Manager; Sheryl Ruzek, Ph.D., Community Coordinator, Jean Born, Resource and Guidance Coordinator, Sybil Schubert, Secretary for the Program, and Ellen White, Editorial Assistant. In the development of this program the staff worked together to produce an event that was central to the purposes of the women's program.

The goals of the program include:

1. The establishment of a resource and guidance center to identify career barriers to women in the health sciences.

2. To design programs to enhance women's functions for professional and personal growth.

3. The collection of information on traditional and newly emerging health occupations and professions.

4. Conducting workshops and special activities to facilitate the career development of women across the continuum of professions and occupations in the health sciences.

5. Sponsoring local, regional, and national symposia, colloquia, and conferences in order to identify and disseminate information on research policies and practices related to women's careers and women's health.

6. The incorporation of concerns and perspectives of third world women in all of our activities.

Funds for the PWHS are provided by a contract from the Office of Health Resources Opportunity. Health Resources Administration, U.S. Department of Health, Education and Welfare. The office has supported the efforts of the Program for Women in Health Sciences over the past three years and we are indebted for its support and encouragement.

In addition to expressing my special appreciation to the conveners of this conference and their colleagues in the Program, I would also like to thank the conference participants, those distinguished men and women who wrote papers and served as lively participants in a dialogue that was both informative and inspiring. One of the difficulties in writing a book about an event such as this conference is that one can express rather clearly the ideas and the factual information that was exchanged. One cannot express, unless one is a poet of considerable talent, the intellectual vitality and human warmth that marked this Program's discussion. It called to mind the words of e.e. cummings, who said of a particular day, "the eyes of my ears were opened and the ears of my eyes could hear . . . " The dialogue was of that order.

I recommend these pages to your perusal with considerable pleasure.

Lucy Ann Geiselman
Dean
Continuing Education in Health Sciences
Director, The Program for Women in Health Sciences

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THE MINORITY WOMAN IN AMERICA: PROFESSIONALISM AT WHAT COST?

Sponsored By
The Program for Women in Health Sciences
University of California, San Francisco
March 16 – 18, 1979

CONFERENCE AGENDA

Friday, March 16

6:00 PM – 8:00 PM CONFERENCE REGISTRATION and BUFFET SUPPER
Chancellors House, University of California, San Francisco

8:00 PM – 8:30 PM DISCUSSION SESSION: Moderators and Panelists

Saturday, March 17

8:15 AM – 8:45 AM BREAKFAST

8:45 AM – 9:00 AM WELCOME: Lucy Ann Geiselman, Director, Program for Women in Health Sciences and Dean, Continuing Education Health Sciences, University of California, San Francisco

Sharon Collins, Conference Co-Convenor, University of California, San Francisco

9:00 AM – 10:25 AM PANEL I: *The Nature of Professional Training for Minority Women: An Overview*

MODERATOR: Vicki Alexander

PANEL:
Jack Forbes
Yolanda George
Asa G. Hilliard
Frances Saunders
Betty Vetter

10:25 AM – 10:30 AM COFFEE

10:30 AM – 12:00 Noon PANEL I (continued): *The Nature of Professional Training for Minority Women: An Overview*

MODERATOR: Vicki Alexander

PANEL:
Jack Forbes
Yolanda George
Asa G. Hilliard
Frances Saunders
Betty Vetter

12:00 – 1:00 PM LUNCH (Chancellors House)

1:00 PM – 3:00 PM PANEL II: *Cultural Conflicts in Professional Training*

MODERATOR: Anna Cherrie Epps

PANEL:
Eleanor L. Ison-Franklin
Jewelle Taylor Gibbs
Marcia Lash

3:00 PM – 3:15 PM	COFFEE
3:15 PM – 5:00 PM	PANEL III: *Being a Minority Professional Woman* MODERATOR: Price Cobbs PANEL: Carmen Carillo (not present) Loma K. Flowers Cheryl Gilkes Clara Sue Kidwell Joanne S. Yamauchi
5:00 PM	ADJOURN
6:00 PM – 7:00 PM	SOCIAL HOUR (Chancellor's House)
7:00 PM – 8:00 PM	DINNER
8:00 PM – 8:30 PM	OVERVIEW of first day of Conference Proceedings: Gleoria Bradley-Sapp, Conference Co-Convenor, University of California Margaret Wilkerson: "Minority–Professional–Woman: The Creative Tension"
Sunday, March 18	
8:15 AM – 8:45 AM	BREAKFAST
8:45 AM – 9:20 AM	CONFERENCE SUMMARY: Herman Blake Cecilia Preciado Burciaga
9:20 AM – 10:20 AM	RECOMMENDATIONS to Academe FACILATORS: Herman Blake Cecilia Preciado Burciaga PANEL: All conference participants
10:20 AM – 10:35 AM	COFFEE
10:35 AM – 11:00 AM	Identification of issues for further research FACILATORS: Herman Blake Cecilia Preciado Burciaga PANEL: All conference participants
11:30 AM – 11:40 AM	CONFERENCE CONCLUDES

INTRODUCTION

The Program for Women in Health Sciences, over the last three years, has assessed women's roles as health care providers and identified barriers to women's career development across the spectrum of health occupations and professions. As we reviewed the existing literature, interviewed key people engaged in health careers education and research, and interviewed practitioners, students and community leaders, it became increasingly evident that there was a dearth of organized data specifically related to the role of the minority women professionals.

We recognized that women from ethnic minority populations do have experiences as professionals that differ from those of non-minority women. Out of this recognition we developed a conference designed to address the problems and concerns of the minority professional woman and to learn more about what is happening to her in that role.

The goals of the conference, The Minority Woman in America: Professionalism At What Cost? were:

1. To assess the current state of research and knowledge about professional minority women's experiences.
2. To identify areas for further research.
3. To generate recommendations.
4. To create an atmosphere where minority women and men professionals could meet and discuss one another's work and exchange ideas.

This was a small working conference with no audience. The participants included social scientists, nurses, health educators, physicians and academic administrators representing institutions and programs throughout the United States.

We would especially like to thank the staff of the Program for Women in Health Sciences: Lucy Ann Geiselman for the breadth of creativity she allowed us in developing the program; Velma Parness we thank for both her guidance during the process and her humor which carried us through. We would also like to thank Jean Born for her great energy and sense of style, which encouraged us constantly; Sheryl Ruzek for her assistance in helping us clarify our ideas and lending us some of her own; Ellen White for her tenacity in making all the editorial details as perfect as possible; and Sibyl Schubert for putting up with our hectic typing deadlines and doing such an excellent job.

Cecilia Burciaga we thank for being supportive and such a good friend throughout the process. Barbara Riddle was invaluable with her editorial assistance. And, of course, the authors of the conference summaries and all of the conference participants were key to the completion of these proceedings. Special thanks also go to members of the conference planning committee and all our other friends and colleagues who gave us their help.

Everyone's support, concern, commitment and humor contributed to the profoundness of the event, the Conference Proceedings and to the pride and delight of the experience.

Sharon M. Collins
Gleoria Bradley-Sapp
August 1, 1979

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III.

MAKING OURSELVES VISIBLE: EVOLUTION OF CAREER STATUS AND SELF IMAGE OF MINORITY PROFESSIONAL WOMEN

Sharon Collins, M.S.W.
Third World Coordinator
Program for Women in Health Sciences
University of California, San Francisco

MAKING OURSELVES VISIBLE: EVOLUTION OF CAREER STATUS AND SELF IMAGE OF MINORITY PROFESSIONAL WOMEN

Sharon Collins, M.S.W.

In Chinese the symbols for the word "crisis" are the combined symbols for "danger" and "opportunity".

Psychological and Social Barriers

Psychological and social barriers to women's full labor-force participation and professional structures contributing to women's amassment in lower strata positions within occupational hierarchies have been well documented (Oppenheimer, 1968; White, 1970; Kanter, 1977; Montagna, 1977; Bourne & Wikler, 1978). White (1970) states that both identity and self-esteem fluctuate markedly in women who are engaging in, or deciding to continue, professional activity. Many studies have attempted to delineate the crucial variables which precipitate crisis, or at least ambivalence, for women in their relationship to professional pursuits. Horner's (1972) study suggests that women's lack of participation in the typically male-dominated professions such as engineering or medicine is, in part, a result of both perceived social stigma and perceived stigma of personality characteristics. For example, a woman may fear gaining professional acclaim in the field of physics should that lead her to be perceived, within social milieu, as someone "odd" or "strange," i.e., not functioning within the traditional female occupational or social roles. Certainly the risk is to be perceived as unconventional and be labeled as having unconventional (for women) characteristics, i.e., emotionally detached, unsocial, aggressive, innerdirected. This study suggests that need for social approval is very strong in women, and the fear of losing such approval is enough to deter them from achieving certain professional goals. While there is conjecture by some scholars that this is an overly simplistic view of women's approach to success, Horner's study highlights important personality issues and social pressures which affect women's achievement (or nonachievement) in the professional hierarchies.

Also important to the "fear of success" syndrome in women's ambivalence toward professional accomplishment is the concern that high-level career commitments will be destructive to interpersonal, especially marital, relationships. Thus, women suffer conflict over the apparent need to choose career over marriage or vice versa, and have little hope of balance (Bourne & Wikler, 1978).

Kanter (1977) delineates significant social pressure demonstrated in supervisorial-subordinate relationships within the corporate setting. Specifically, women in decision-making roles are often viewed by subordinates as emotional, petty, critical – in essence, they are viewed as "hen-peckers". Concurrently, they are seen as abusive of what power they posess, thus typifying the "mean and bossy woman" stereotype (Laird, 1942; Kanter, 1977). Interestingly, the conclusions of Kanter's study suggest that women may be perceived in a fashion that is unrelated to real personality characteristics. That is, they are unrealistically assessed and therefore devalued in their occupational positions. Women, essentially, are seen as displaying behavior that is consistent with a "powerless" response and are more likely than men to be viewed as incompetent (Kanter, 1977). There is evidence that suggests debate whether this is an actual response mode due to hierarchial powerlessness or whether this is subordinate perception alone (Roussel, 1974; Kanter, 1977). Regardless of whether the powerless response is real or projected, these studies indicate how women are perceived and give some indication of responses elicited from their subordinates. Inherent in this subordinate perception is lowered morale, which contributes to decreased productivity and cooperation and higher resistance to direction. As a result, women professionals within such settings find themselves beleaguered to overcome a self-fulfilling prophecy. Although Kanter's study is specific to the corporate setting, the dynamics illustrated can occur outside those particular environs, wherever the status-quo and empowered roles are male-dominated.

Minority Professional Women: A Statistically Invisible Group

As women face the problems of entering male-dominated fields, increasingly a second variable, that of a racial minority entering traditionally majority dominated fields, becomes of interest to the ethnic-minority professional woman. While there has been abundant literature analyzing factors contributing to, or deterring, women's ability to compete successfully in the professional labor market, few variables related to race-status have been truly explored. Although there are notable exceptions (see Epstein, 1973; Treiman & Terrel, 1973; Handy, 1977; and Hart, 1977), in general the experience of the ethnic-minority woman is randomly approached.

A basic lack of statistical analysis concerning the minority woman's participation in professional fields, in a sense, renders her invisible. This phenomonon serves to strengthen any cultural or professional isolation she might experience. Data bases inclusive of information on women rarely include figures for minority women. Conversely, statistics on minority participation in professional fields rarely include the sex breakout (Vetter, 1979). While an overall statistical significance may be noted, any significant interaction of race and sex remains undefined. This approach to data collection is, in part, justified because so relatively few minority women are within the workforce or in the educational pipeline leading to the professional workforce (Vetter, 1979). But for whatever reasons, the outcome of this statistical gap is either inaccurate or unrepresentative of the real facts.

What this means for the individual, then, is that publicly – in the press, magazines, and in her studies – she does not see those that look like her or read about those like herself, except perhaps for those few highly visible "super-achievers" who have undoubtedly outflanked her. Privately, she depends upon her informal networks of peer associations for support. She often lacks more than the "intuitive" sense of her reality.

Visibility of Minority Poor

While the statistical visibility of minority professional women is severely restricted, the visibility of the minority poor is not. In 1976, for example, the median income of black families with *both* husband and wife in the labor force was *only 9 percent* higher than the median income of white families in which only the husband was employed (U.S. Department of Labor, 1977). Given the base income for poverty level suggested by the Bureau of Census in 1972 ($4,275 per family of four) *49 percent* of all ethnic-minority families headed by a *full-time* female worker were poor (Department of Labor, 1977). A dramatic increase in the percent of minority working poor would occur using the Bureau of Labor Statistics' figure as the poverty level ($7,386 per year for a family of four; Montagna, 1978). The decade between 1966 and 1976 saw an unprecedented increase in black families with incomes of $15,000 or more, i.e., from 19 to 30 percent. Black college enrollment increased from 4.6 to 10.7 percent of the total (the majority being in two-year vocational schools). However, during the decade between 1967 and 1977, black unemployment rates doubled from 7.4 to 13.2 percent; black teenage unemployment went from 26.5 to 38.5 percent (Dreyfuss and Lawrence, 1979). These figures suggest class divisions which reflect what economists have called the dual labor market. Thus, while the number of affluent blacks increased, the number of poor was also growing. The significant indication of the impact of the poor was that, despite middle-class gains, the median income for blacks in 1977 was 59 percent of white income. That percentage is just one point higher than 1966 (Dreyfuss and Lawrence, 1979). Although these statistics are for the black labor force, the implications are equally true for other ethnic-minority women in the United States. As she gains in professional status, the ethnic minority woman cannot help but be aware that there are so few like her. As she moves up the career ladder, she simultaneously and experientially moves away from her community of origin. This results in feelings of isolation and in being perceived as an outsider by her community. Both of these results may precipitate a crisis in development which causes the ethnic-minority professional woman to reevaluate herself and to redefine her relationship to others.

Minority Professional Women's Participation in Career Development Programs

Additionally, invisibility continues even when there is structural implementation to meet career development needs. Programs designed to increase the numbers of minorities in the professions are usually geared to the participation of males. Similarly, those programs developed to increase the representation of women primarily assist in fulfilling the aspirations of the majority female (George, 1979). The ethnic-minority woman is faced with programs that are numerically unrepresentative of her and psychologically unsupportive of her. She cannot observe a clearly defined, institutionalized model for professional success within the dominant culture. In fact, with the help of her own cultural role models, she must create her own. For some, this is a task that promotes creativity and strength; but for others, it is a challenge that is left unmet, and which leaves a talent unnurtured.

In summary, then, in a review of the literature documenting social change, the minority professional woman finds herself so scarce she is virtually unnoted; in observations of social attitudes and structures, she finds she is viewed with parity, therefore not needing special programs; in her cultural identity, she finds herself separated, through economics, from those most like herself. Her particular status is a predicament of isolation and a balance of strengths that is rarely attended to. Although studies have been conducted to define her "uniqueness" and to determine the support systems which contribute to her success, there are subleties of both social and personal change to be examined.

The Minority Woman in America: Professionalism at What Cost?

In an effort to define some of the stress and strengths of the woman who is both an ethnic-minority and a professional, the conference "The Minority Woman in America: Professionalism at What Cost?" was organized. It was clear that there was little written about this particular status; minority women's concerns were not being examined seriously in comparison with those of white women and raised the question as to whether or not they were different from those of white women. In my clinical practice, both young women still in professional school and experienced professionals express the need to combine professional and personal needs in a different way from that perceived by some white women. Many of these women did not necessarily want what men have; in fact, did not want to exhibit the characteristics that are associated with the male model of success. What they did seem to want was personal achievement combined with human service. Or, as one clinician put it, to combine the "head" with the "heart" (Block, 1979).

During the conference ("The Minority Woman in America: Professionalism at What Cost?") participants initially identified major issues to be confronted by the minority woman professional. Many of these issues are discussed in depth in other sections of the proceedings. It was generally agreed that, competency notwithstanding, minority women were very rarely recruited or hired without respect to their sex and ethnic status (Saunders & Stroud, 1979). Consequently, interactions with professional peers based on sex and race stereotypes were to be managed over and above the functional component of the training or the job itself. Interestingly, while there are many parallels in the response dynamics of others to sex and racial identity, the conference participants organized most specifically around the racial/cultural barriers to be managed – and not until a later point, when these areas had been analyzed, did they begin to explore the sex-linked components of interaction. Their concern about the economic contribution by sex was secondary to that for survival of the shared cultural heritage. The "melting-pot" theory that – given time and economic opportunities – cultural differences merge and disappear was contradicted by this group's strong intellectual and affective indications of basic race-group identity.

Williams (1978) uses Giordano (1976) to identify what is lacking in terms of developing a pluralistic ideology:

> *Although social scientists have carefully defined many aspects of human behavior, the role of race and culture as significant variables in research has not been clearly recognized.*

This was seen by the conference participants as the issue which often underlies isolation and conflict for the minority professional woman. Because research has been limited and data collection problematic, the parts of her identity which derive from the collective consciousness of a cultural history are either publicly erased or undervalued in degrees of significance. Thus, it is easy for her ethnic, social and professional peers to interpret the symbols of economic-class association as the core and soul of her cultural experience and motivation. Because of indications of economic or occupational success, she may be perceived by her ethnic peers with suspicion, reticence and ambivalence. She may also be viewed as giving priority to advancement in her professional environment, which consequently lowers her ability to deliver service/mentoring responsibilities to her ethnic community. Or conversely, should she demonstrate community-service orientation, professional peers may view this as detracting from organizational mandates. The participants at this conference articulated this conflict in the form of the thematic question: at what point does one feel entitled to do what one is doing – to be who one is?

Professional Roles and Status

The idea of professional roles reflecting the hierarchy of social structure is well documented (Hughes, 1958; Gross, 1968; Brown, 1975; Navarro, 1975; Montagna, 1977). Table 1 illustrates changes in occupational distribution between 1970 and 1978.

TABLE I

Occupational Distribution of Women, 1978 and 1970
(by percent)

	BLACK WOMEN		*WHITE WOMEN*	
	1978	*1970*	*1978*	*1970*
TOTAL	100.0	100.0	100.0	100.0
Professional and technical workers	13.8	10.8	15.9	15.0
Managers and administrators	2.9	1.9	6.5	4.8
Clerical workers	27.2	20.8	35.7	36.4
Sales workers	3.1	2.5	7.4	7.7
Craft and kindred workers	1.3	.8	1.9	1.2
Operatives	15.8	17.6	11.2	14.1
Nonfarm laborers	1.4	.7	1.2	.4
Private household workers	7.7	17.5	2.2	3.4
Service workers (except private household)	25.8	25.6	16.6	15.3
Farmers & farm managers	.1	.1	.4	.3
Farm laborers and supervisors	.7	1.5	1.0	1.5

Source: U.S. Department of Labor, Bureau of Labor Statistics. Reprinted from Herman, A. Black women in the labor force. *The Black Collegian*, 1979, *9*, 30.

As can be seen, there is a shift by minority women away from the marginal employment positions of private household workers and farm laborers. There is also an increase in the percentages of black women in professional and technical, manager and administrator categories (the data on black women include black and other minorities; black women comprise 89 percent of the sample's population.) Despite movement into more professional categories and virtually no education gap between males and females, median income earnings demonstrate a continuous gap. While there is a move toward better paying jobs for ethnic-minority women, Table 2 shows the continued disparity in income earning when education remains constant.

TABLE 2

EDUCATION AND INCOME BY RACE AND SEX, 1976

	ELEMENTARY SCHOOL	HIGH SCHOOL			COLLEGE			TOTAL
Income	Total elementary	1–3 years	4 years	Total high school	1–3 years	4 or more years	Total college	
Men, White								
$1–$999 or less	3.2%	2.0%	1.5%	1.6%	1.4%	1.4%	1.3%	1.8%
$1,000–$4,999	40.9%	19.1%	10.7%	13.2%	10.3%	7.7%	8.7%	17.4%
$5,000–$9,999	32.6%	33.4%	27.4%	29.2%	21.5%	15.8%	18.3%	26.4%
$10,000–$14,999	16.0%	29.1%	34.8%	33.1%	32.9%	23.8%	27.7%	27.8%
$15,000–$24,999	6.3%	14.0%	21.7%	19.4%	25.9%	33.2%	30.1%	20.1%
$25,000 and over	1.1%	2.4%	4.1%	3.6%	7.9%	18.1%	13.8%	6.3%
MEDIAN INCOME	$5,715	$9,379	$11,507	$10,910	$12,541	$15,419	$13,901	$10,755
Men, Black								
$1–$999 or less	4.4%	3.5%	2.0%	2.7%	2.1%	0.9%	1.5%	3.2%
$1,000–$4,999	55.5%	28.9%	20.3%	24.0%	19.0%	15.7%	17.7%	35.0%
$5,000–$9,999	30.6%	42.9%	36.8%	39.6%	30.8%	27.7%	29.6%	34.4%
$10,000–$14,999	7.5%	20.4%	31.1%	26.3%	31.7%	30.2%	31.1%	19.9%
$15,000–$24,999	1.9%	4.1%	9.2%	6.9%	16.0%	21.3%	18.2%	6.9%
$25,000 and over	0.2%	0.2%	0.6%	0.4%	0.4%	4.3%	2.0%	0.6%
MEDIAN INCOME	$3,907	$6,902	$8,779	$7,869	$9,724	$10,954	$10,199	$6,521
Women, White								
$1–$999	13.0%	13.5%	14.4%	14.1%	13.7%	12.6%	13.2%	13.7%
$1,000–$4,999	72.0%	57.5%	43.3%	47.3%	37.7%	25.1%	31.4%	48.5%
$5,000–$9,999	13.1%	24.1%	33.6%	31.0%	33.9%	30.9%	32.5%	27.5%
$10,000–$14,999	1.5%	3.9%	7.1%	6.2%	11.3%	22.0%	16.6%	7.8%
$15,000–$24,999	0.3%	0.7%	1.5%	1.3%	3.1%	8.2%	5.7%	2.2%
$25,000 and over	0.1%	0.2%	0.2%	0.2%	0.4%	1.1%	0.7%	0.3%
MEDIAN INCOME	$2,325	$3,189	$4,178	$3,835	$4,839	$7,176	$5,819	$3,653
Women, Black								
$1–$999 or less	16.8%	10.9%	8.3%	9.5%	7.8%	2.0%	5.2%	11.3%
$1,000–$4,999	75.3%	63.8%	48.1%	55.3%	37.7%	15.0%	27.8%	57.6%
$5,000–$9,999	7.4%	22.1%	36.8%	30.0%	40.3%	45.0%	42.4%	24.6%
$10,000–$14,999	0.3%	2.4%	6.4%	4.6%	11.9%	29.9%	19.7%	5.5%
$15,000–$24,999	0.1%	0.6%	0.5%	0.5%	2.0%	7.8%	4.6%	1.0%
$25,000– and over	0%	0.1%	0%	0.1%	0.3%	0.4%	0.3%	0.1%
MEDIAN INCOME	$1,923	$3,266	$4,412	$3,795	$5,463	$8,957	$6,979	$3,203

Note: Columns may not total 100% due to rounding.

Source: United States Bureau of the Census. Reprinted from Vetter, B. Data on the participation of minority women in the sciences. Paper delivered to the conference, The Minority Woman in America: Professionalism at What Cost? March 16–18, University of California, San Francisco, 1979.

Even with like education and comparable occupations, ethnic-minority women generally earn less than men. These data raise questions beyond the matter of freedom to do what one is doing. It also becomes a question which asks at what point society will consider one's contributions to be of equal value to those of others.

Professional vs. Community Demands

While ethnic women are increasing their proportions in more professional employment categories, they feel they are likely to encounter values inconsistent with how they view their professional role. That is, as articulated by the women at this conference, the challenge for minority professional women was perceived as lessening the dissonance between professional and social goals.

This was summarized in terms of how one could impact on the profession, rather than simply accepting its demands unquestioningly. Women at the conference expressed their continuing expectation of acting on the basis of social, sometimes even in opposition to professional, consciousness. Williams (1978) aptly states:

> *Increasing emphasis on professionalism has created greater social distance between professionals and consumers, and this often results in inequality of services and lack of support for programs in racial and cultural minority communities when professionals and clients are from different racial and cultural backgrounds.*

Service goals and target populations for the minority professional women stem from culturally identified, as opposed to professionally identified, needs. As articulated by the participants, a primary task for the minority woman comes in the form of establishing a level of personal comfort within a revolving conflict between profession and self.

Cheryl Gilkes (1979) offered a study which might be viewed as a model for adjustment to this conflict. While the women in her study were employed in professional positions by a variety of human service agencies, they enacted values which are normatively conflictual for their positions, i.e., they lived in the same neighborhoods as the population they served and were extremely flexible in both the hours and types of service delivered to their constituency. Although the women perceived deficits in terms of the more traditional rewards for professionalism (job security, upward mobility, deference), the women in Gilkes' study continued to perform in the ways they felt were consistent with the needs of their cultural community. It should be noted, however, that the adaptations required from these women are not necessarily compatible with the characteristics of all minority women. For most, the issue of class and culture status is in perpetual evaluation, unless they are lucky enough to find an environment which is sensitive and responsive to this type of personal expression of community commitment. In general, the risk for professional minority women is either isolation from the mother community or engaging in activity requiring great drain on time and energy because these activities are an adjunct to, rather than an integral part of, one's primary job activities. As illustrated by the amount of time and energy devoted to this issue by conference participants, both the psychological and social issues secondary to culturally defined responsibilities were of deep concern. These issues will be further discussed in section V.

The Deficit of Education

Theoretically, at least, education may be viewed as a means of insuring one's financial and social position, and enhancing one's ability to contribute to the general good of this society. Franklin (1979) states that minority women are supported, by their families, in their educational goals primarily because this is viewed as a means of protection from exploitation. Education was, and is, believed by the family to provide a positive escape from society's depreciation of minority status (Franklin, 1979). The economic recession of the mid-1970s, however, has so effectively slowed the growth of white-collar and management positions that more than one million college graduates were classified as unemployed or underemployed, and intense competition for positions in such categories over the next few decades will be played out (Dreyfuss & Lawrence, 1979). The implication is that even for members of the white middle class, the seductive promise of the "good life" through education is being strained. For the minority woman, the ability to control social and financial security, by virtue of education, comes into even greater question. Consequently, there is the dual reality for the minority professional woman that, while she has escaped certain social humiliations, given the predicament of the '70s, she may in fact find herself a member of the unemployed and/or underemployed. She is also likely to find herself in a quandary regarding the kinds of support she is able to offer those who aspire to follow in her footsteps.

Reviewing another theoretical component of education – that of enhancing one's ability to contribute to the general good of the population – the education process itself poses a dilemma for the minority woman. Educational institutions, using the numerically dominant culture as the model, often consider other cultures deviant and ignore their needs. This results in limited interest in research and a lack of multicultural models in the curricula. As Lash (1979) states:

> *By blatant omission of their culture from text books and curricula, the (black) nursing students find little relevance in the institutional setting.*

The minority woman thus receives what is, for her, an incomplete education that cannot be translated to her population of interest. Section V further discusses the nature of cultural conflicts within the educational setting for the ethnic-minority woman.

The Bind of Tokenism

Concerns similar to those which catalyzed the conference were declared by a group of multi-ethnic lawyers at the conference on Minority Women Lawyers (Stanford University, 1979). These women expressed concern that the "be like me, look like me" norms were so great in their various work settings that the model for success would be to dress, talk, think, and act as close to masculine and white as possible. The consequences for any "culturally colorful" behavior came in the form of extreme and continuous reminders of difference and social isolation. Kanter (1977) clearly delineates the components of tokenism in this way:

> *Tokens are simultaneously representative and exceptions. They are made aware of their differences from the numerical dominants, but then must often pretend that the differences do not exist, or have no implications.*
>
> *Tokens are among the most visible and dramatized of performers (while being) kept away from the organizational backstage where the dramas are cast. Tokens are the quintessential "individuals" in the organization, since they stand apart from the mass of peer group members. Those situations in which organizational peers are "relaxing" (after-work drinks, celebratory dinners, sports events) are often the most stressful for tokens.*
>
> *As long as numbers of tokens are low, disruptions of interactions around them (and their personal problems) are seen by the organization as a huge deflection from its central purposes, a drain of energy, leading to the conclusion that it is not worth having people like the tokens around. Yet the disruptions are more visible only because the numbers are low and could be remedied by proportional increases.*

Given the high degree of social and organizational ambivalence which surrounds those individuals with token status, it is of little wonder that the priorities of the minority professional woman are unintegrated with those of the institutions in which she is enmeshed.

Marriage and Children

Women at the Minority Women Lawyers conference (1979), as well as researchers at the University of California conference, discussed issues regarding the selection of dating and marital partners. Asian-American women at the Stanford conference stated concerns about dating white men, yet at the same time expressed their difficulties in finding men of their culture sensitive to the variables of their professional status. A frequently mentioned problem was the degree of difficulty Asian men had with their verbal assertiveness and commitment to career-linked activities. Yet cross-cultural relationships raised issues of guilt about subtracting from the cultural group resources and questions about acceptability of such behavior to their peers.

Resolutions to these questions were found in a spectrum of responses that ranged from dating but not marrying someone from outside the culture (perhaps never marrying); dating and marrying from outside the culture but ruling out having children or dating, marrying, and having children or dating, marrying, and having children. Of these alternatives, most of the women expressed the greatest difficulty with the childrearing aspects of such relationships. While each of these women recognized a greater strength on her own part for having successfully learned to negotiate two cultures, none wished to pass the situation along to her children. Women at the conference also stated that rather than settle on what they perceived as inappropriate marital partners, single-parent adoption was a viable alternative for them. Psychotherapists at this conference also noted that, among their minority clients, there seemed to be a significant rise in single parent adoption by professional women. This is significant since, statistically, college-educated black women have birth rates so low as to not be replacing themselves.

When there were children to be cared for, the participants at the Stanford conference noted that child care was usually delegated to an extended family member. As has been noted by others, women who rely on relatives for domestic help must negotiate delicate interpersonnel relationships in the family constellation (Ruzek & Collins, 1978). A Chicana at the Stanford conference illustrated this type of relationship in her description of her family, which included two young children, a husband (also a lawyer), his aunt, and herself. The aunt functioned as nurse so that each parent could continue uninterrupted by his and her career. Interestingly, and perhaps predictably, the aunt assumed the role of sole decision-maker regarding the children, or if negotiation took place, it occurred between the aunt and her nephew. The Chicana soon felt displaced in a way she had not anticipated, resulting in more time and energy being required from her in renegotiating the home environment roles.

There is pressure on the minority woman professional as evidenced at both the University of California and the Stanford conferences not only to manage sex, family and career issues, but also to cope with culturally linked variables which create extra dimensions in all of her experiences. The following sections will provide the reader with more insight into these variables and hopefully stimulate new research. Although the conference title to which these proceedings refer is "The Minority Woman in America: Professionalism at What Cost?" it was agreed by the men and women in attendance that the "cost" was an opportunity for growth. In this vein, the participants suggested that symbolically the conference name be changed to the title which Dr. Margaret Wilkerson used in her evening session keynote address. That title, "Minority – Professional – Woman: The Creative Tension", seemed to encompass the nature of both the crisis and the opportunity involved in the tasks which confront the minority professional woman in her attainment of professional status.

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IV.

THE NATURE OF PROFESSIONAL TRAINING FOR MINORITY WOMEN: AN OVERVIEW

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Summary of Panel I of Conference
on
The Minority Woman in America: Professionalism at What Cost?
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THE NATURE OF PROFESSIONAL TRAINING FOR MINORITY WOMEN: AN OVERVIEW

Vicki Alexander

Moderator: Vicki Alexander

Panelists: Jack Forbes
Yolanda George
Asa G. Hilliard
Frances Saunders
Betty Vetter

THE NATURE OF PROFESSIONAL TRAINING FOR MINORITY WOMEN: AN OVERVIEW

Vicki Alexander, M.D.

Introduction

An overview of the nature of professional training for minority women must first and foremost address the historically determined role that minority women have played in the labor force of this society. If we compare white males, minority males, white women, and minority women, we see that minority women are at the bottom rung in the United States. This is true not only in regard to their participation in the labor force, but also in regard to their rewards for the participation (salary, advancements, etc.). We will investigate some of the root causes of such unequal participation in the labor force as manifested by racial and class oppression in this society.

As a minority woman enters the professional occupations, she meets new and challenging circumstances. Her relationship to society transforms totally as contradictions within the dominant white male society further manifest themselves in this new setting. Cultural values, motivational patterns, as well as professional opportunities, are all threatened by this new socialization process. We will explore these changes and contradictions which occur as minority women become a part of the professionalization process.

To best grasp the material we will approach it first from the specifics, then move to the general. We will lay a basis for an overall understanding of this socialization pattern by addressing statistical data relating to minority women in the professions. We will then survey the current status of minority women in the sciences, the factors prohibiting their advancement and satisfaction in these fields. This overview would not be complete if we did not also address the psychosocial aspect and cultural roles of minority women within academic institutions. Approaching the more general question of the effects of racism in this society, we will consider the liberated response of minority women to racial oppression as they enter a profession. We will then conclude with a consideration of what happens to individuals living within a profit-motivated capitalist society where racial and colonial oppression are the norms. These generalities must be approached in a systematic, thorough, and collective manner. They are not individual formulations but objective conditions facing all minority women. We must not lose sight of these broad, general categories in our efforts to formulate constructive proposals to aid minority women to successfully participate in the professions.

Statistical Review of the Participation of Minority Women in the Sciences

Obtaining timely and accurate statistical information about the participation of minority women in the sciences, as well as in all professional areas, is made difficult by a complex, inadequate, and nonsystematic data collection system. Social, political, and economic forces interact to hinder such data abstraction. Studies have not been sufficiently controlled for occupation or historical trends (e.g., age, experience, changing patterns in the labor force, etc.). A further complicating factor is the small numbers of minority women participating in the professional labor force, which creates the tendency to lump all minority women together without assessing the particularities of each ethnic minority. Despite these handicaps, the Scientific Manpower Commission (SMC) has assembled data on 207,500 scientists and engineers in the United States labor force holding a Ph.D. degree and has documented that 80 percent are white males, 8.3 percent are white females, 5.92 percent are minority male scientists and 0.62 percent are minority female scientists (Vetter, verbal communication, 1979).

Betty Vetter, executive director of the Scientific Manpower Commission, along with Elenor Babco and Judith McIntire (1978), has abstracted further data concerning minority women in their report, *Profes-*

sional Women and Minorities. It is clear that minority women scientists and engineers are not represented proportionally to their numbers in the population as a whole. As can be seen in Table 1, black women represent 6.0 percent of the population in the United States but only 0.1 percent of the doctoral scientists and engineers. An exception can be seen with respect to Asian women, who are the only minority group with representation proportional to their numbers in society. White males, on the other hand, who represent about 41.5 percent of the population, make up 89 percent of doctoral scientists and engineers. There is clear underrepresentation of minority women in these areas, an overall percentage of 0.59. Furthermore, the majority of these doctoral scientists and engineers are within academia and/or government programs with very few in the business and industrial sectors of the economy (See Table 2).

Table 1

Estimates of the Numbers of Minority Women Scientists and Engineers Compared to the Numbers of Minority Women in the General Population

CATEGORY	PERCENT OF POPULATION (UNITED STATES)	PERCENT OF SCIENTISTS AND ENGINEERS
Asian American Women	0.35	0.35
Black Women	6.00	0.10
Indian Women	0.40	0.04
Hispanic Women	2.20	0.10

Vetter, B., Babco, E., & McIntire, J. *Professional women and minorities -- a manpower data resource service.* Scientific Manpower Commission, 1978.

Table 2

Employment Patterns of Minority Individuals Who Earned Doctorates Over the Six-Year Period 1970 – 1975

TYPE OF EMPLOYMENT	NUMBER	PERCENTAGE
Academic Institutions		
Black	69	49.3
Majority	30	21.4
Industry	17	12.1
Federal Government	8	5.7
Postdoctoral Study	9	6.4
Other	7	5.1

George, Y., & Williams, J. Career planning and goal setting for minority women. Lawrence Livermore Laboratory, Livermore, CA: Rept. UCRL-10013, 1978. (Reprinted with permission of Yolanda George).

Census data on the representation of women in the major technical disciplines (doctoral and non-doctoral) throughout the national workforce reflects underrepresentation of all women. The lack of representation of minority women in these fields is even greater. These figures are clearly shown in Table 3.

Table 3

Estimates of National Workforce Representation of Women in Major Technical Disciplines*

DISCIPLINE	CAUCASIAN WOMEN PERCENT TOTAL	MINORITY WOMEN PERCENT TOTAL
Engineers	1.6	0.7
Programmers, Mathematicians	20.7	2.2
Biologists	33.9	3.1
Geologists	3.4	0.2
Chemists	11.0	1.8
Physicists	4.6	0.9
Technical Editors, Writers	12.6	1.8

*Based on data collected by the 1970 Census and the 1970 EEO-1 Report for 45,000 Federal Contractors. Summary prepared by U.C. Lawrence Livermore Laboratory, George, Y. The status of minority women in science. Paper prepared for the conference The Minority Woman: Professionalism at What Cost? UCSF, March 1979.

It is of interest to note that nearly 70 percent of minority women who are scientists and engineers are Asian women, but one is cautioned not to make generalizations from these data. One problem with the available statistics is the Hispanics are sometimes categorized as whites, thus skewing the statistics even further.

Much of our data is derived from the national census bureau, which has historically designed its data collection methods based on assumptions about the community. If, for example, the community is designated as a "troubled community," the census takers may not go to it. Thus, people who are sensitive and have a full understanding of the community involved should be required to be included on the policy-making boards of the census bureau. The fundamental assumptions made by the Bureau of Census about minority communities are in question and therefore the census data are in question. Not only must the current relations of minorities in our society be evaluated but also the unique historical experience of the various ethnic minorities in the United States should be considered. As noted by Herman Blake (1979), only by so doing can we correct the faulty assumptive base currently used.

Nevertheless, it is clear that minority women are an underrepresented sector of the population within the fields of science.

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Status of Minority Women in Science

Historically, societal barriers have hindered minority women from entering scientific and engineering fields. These obstacles have included racial discrimination, sexual discrimination, class oppression, inadequate and biased counseling at the precollegiate and undergraduate levels, and a lack of minority women as role models in science (George & Williams, 1978). The discriminatory practices stemming from racial and class oppression in this country will be addressed in a later section of this paper.

Sex-stereotyping presents a serious problem to minority women as well as to all women because, in their precollegiate and collegiate years, they are often discouraged by teachers, counselors, or parents from enrolling in mathematics and science courses. A 1978 study on enrollments in high school mathematics classes in a West Coast school district indicated that only 29 percent of the Hispanic and 21 percent of the black females were in calculus-tract courses, whereas 74 percent of Caucasians and 78 percent of Asian females were in these courses (George, 1979). Inadequate preparation in mathematics at the secondary level limits the career options of minority women students. Biased counseling and other factors influencing choice of courses confine minority females to nonscientific academic majors or force them to forego college altogether (George, 1979).

Minority women who manage to attend undergraduate school encounter further social barriers. Scholastic difficulties that are encountered reflect lack of appropriate preparation and they receive biased advice on course selection. There is little or no encouragement to attend graduate school, and minority women often lack information concerning graduate fellowships and internships when they do go on. Even at the graduate level, minority women often have professors and mentors who are insensitive to their needs and unable to communicate with them. This negative interaction usually results in poor counseling on research projects and little exchange of information about professional meetings, postdoctoral appointments, and employment opportunities (Malcom, Quick-Hall, & Brown, 1976).

One further and major handicap is that minority women lack the financial means to support themselves through school. Being members of the working class, they often need to be simultaneously employed, which detracts from concentration on their studies. But the problem is larger than that of an individual needing funds for school:

> *In 1974, 112 black institutions received 99 or 0.6 percent of the 17,327 grants totaling approximately $10.5 million or 0.8 percent of the NIH budget. These figures clearly indicate that minority scientists have problems getting ample funding for large-scale research projects. This could be in part because minority scientists are virtually excluded from advisory committees and panels that decide where, how much, and to whom money goes (George & Williams, 1978).*

In 1975, only 6 percent of the NIH advisory panel were minorities (George & Williams, 1978; Evans, 1977). In addition, minorities have difficulties establishing their credentials as research scientists because, for the most part, they are excluded from the scientific "buddy-system network" and from the "executive clubhouses" of scientific professional organizations.

Thus the status of minority women within the sciences may be viewed as a reflection of minority women's status within the dominant American culture. The major forces impacting on the minority woman are those of class, racial, sexual, and cultural oppression. To overcome these systematized institutions those minority women currently in the sciences often play a leading role in understanding and exposing such inequities and handicaps when they exist. Concrete attempts to effect these changes include the creation of special programs to prepare students not only to face the current institutions and adequately deal with them, but to go further and prepare for a restructuring of priorities in society. Many remedial courses have been developed and special programs have been instituted across the country, but none of these programs has adequately formed a critical analysis of the objective conditions facing the minority woman in the sciences. Existing minority professionals must work to maintain affirmative action programs and special admissions procedures and programs. The effects of the Bakke decision (Dreyfuss & Lawrence, 1979) on the overall picture for minorities in the professions is to reverse gains of the 1960s. Minority women currently in the sciences must actively participate in programs to change these conditions and become more politically aware of their strategic role in expanding programs to overcome the historically rooted racial, sexual, and class oppression in our society.

Cultural Conflicts in the Medical Sciences Training of Minority Women

In order to understand the barriers facing minority women in the sciences, cultural conflicts encountered which influence participation in their chosen fields should be addressed. To evaluate their participation this section considers the meaning of "health," how institutions prepare people to work in the health sciences, and the particularities of the role of minority women in the health sciences.

Health care in the United States is practiced mainly in a curative manner. Considering the determinants of health, we see, however, that four areas are most important: (1) behavior and lifestyle; (2) genetic pool; (3) physical environment; and (4) availability and quality of medical care. These most important determinants of health are usually not addressed in our health care system. They are not addressed by curative measures but are most concerned with the prevention of disease and maintenance of health.

Scientists concerned with health are concerned with prevention and the promotion of health within the environment and community. Those concerned with medicine most often treat disease and the absence of health and apply curative interactions which restore to an individual a renewed state of health. In the United States there is a contradiction between these two aspects, health (prevention) and disease (cure). Ninety-two percent of health dollars go to the medical fields which are concerned mainly with disease and curative measure, not prevention. A recent study by Saunders and Stroud (1979) of the determinants of health shows that only 12 percent of these determinants were related to health (Table 4). To expend 92 percent of a budget on only 12 percent of the problem is poor fiscal planning indeed.

Table 4

Determinants of Health

	PERCENT OF HEALTH FOR WHICH DETERMINANT IS RESPONSIBLE
Medical Care	12
Environmental Factors	19
Biology and Genetic Pool	24
Lifestyle/Health Behavior	45

Saunders, F., & Stroud, F. The nature of health sciences training and professions. Paper delivered to the Conference on The Minority Woman in America: Professionalism at What Cost? March 16–18, University of California, San Francisco, 1979.

In a comprehensive definition of health the institutions which prepare people for a career in health must obtain a balanced and purposeful direction. The primary function of training is to systematize a student's approach to problem identification, analysis, and the appropriate techniques for problem-solving. The training should raise the critical consciousness of the students. However, the awareness raised within our academic institutions most often revolves around the objective realities of those whose circumstances in life are far different from minority women. The problems identified, analyzed, and "solved" rarely address the special circumstances of minority women and thus the conclusions drawn do not address the objective realities of oppression in our society. The focus of education for health manpower is to prepare a cadre of narrowly focused individuals whose accountability is determined *not* by the impact of their efforts to overcome oppression, but by their peers in academia and in adherence to certain values and professional standards. Training and education for the health professions should be concerned with facilitating health – within the individual family, community, environment, and society. In order to do that, however, an all-sided view of the physical, mental, cultural, and environmental influences on different persons is necessary. To the extent that these attributes can be incorporated into the curricula is the extent to which health professions can impact more fully on the health aspects of an individual group or environment.

It is posited by Saunders and Stroud (1979) that the culture found within academic institutions which train health professionals is determined by a Western male-dominated, technologically based value system. This value system emphasizes control over nature, social domination, mind over body, reason over emotion, theoretical over practical, and the esoteric over the common. All of these qualities run counter to the experience of minority women who as nurturers are concerned with the continual maintenance of health and as such have a solid grasp of the reality of oppression in this society. By nurturing we do not refer just to the maternal aspects but more to an all-encompassing supportive atmosphere provided to minority students by the minority woman.

Racial and Cultural Oppression – Effects on Minority Women

In all societies the dominant class imposes its ideology and culture on all other members of that society and has a *major* impact in political and economic realms. In our society, culture is characterized by colonization and by the rules of elitism (Fanon, 1965; Memmi, 1968). Culture in the United States can be characterized also by professionalism which moves in the direction of exploitation, i.e., fabricates needs which allow us to perform services. Thrust into the midst of this new culture, minority women professionals are faced with overwhelming contradictions. The minority woman professional is expected to "behave" according to her new role in society as "one who has made it," accepting and integrating into the dominant culture," and "incorporating new value systems reflective of the oppressive class into her own." Other issues at hand in association with the professionalization process facing minority women are: (1) loneliness and a sense of functioning in isolation; (2) no male companionship or a threatened or defeated man as a consequence of having to relate to the "system"; (3) being seen as an outsider to her previous community; (4) absence of the normal mechanisms of legitimization – insufficient feedback from peers; (5) loss of "old" identity; and (6) conformity versus transformation – how to transform professionalism to make it better able to help her people (Hilliard, 1978). The contradictions which the minority woman faces indeed are overwhelming, and no satisfactory answer to these problems is forthcoming without a clear understanding of her own cultural heritage and objective realities of her position as a minority woman within a racist, bourgeois society (Reid, 1975).

The question is not whether discrimination, segregation, and oppression occur – this has been well documented (Allen, 1970). The questions are how these systems of exploitation manifest themselves and why they occur. A grasp of the essence of these questions will enable development of a rational, systematic, and thorough approach to their eradication.

Present "human relations" theory, "multicultural" theory, "cultural pluralism" theory, "bilingual" theory, "race relations" theory, "cultural deprivation" theory and all the new ones that will be named in the years ahead are devoid of a theory of the origins of oppression. That is the first problem. Secondly, because the origins of oppresision are seldom explored and the existence of oppression not always acknowledged, the mechanics of oppression remain unstudied and misunderstood.

> *The role that education plays under conditions of oppression is unique and actually is easily describable if contrasted with education which occurs under conditions of freedom and liberation. If systematic attention is not given to a study of causes and origins and then to the mechanics of oppression, we would be much better off without professional study (Hilliard, 1978).*

Therefore, historical perspective on the origins and manifestations of racial oppression is absolutely essential for minority women professionals to be able to define their unique role in this society.

"Race" is an invented category. "Race" did not exist in human history until the colonial period. Though slavery had existed in different manifestations, there was no formed concept of race prior to this period. Obviously people could observe physical differences among themselves, but never in human history did they believe they were looking at different species or different races (Montagu, 1974). As a corollary, it is impossible to have racism or racial oppression without race. To understand the origins of racism, then, we must study the colonial history of the United States.

The development and maintenance of racism and the long struggle against it were a major determinant of U.S. history. The lives of all U.S. people have been deeply and dramatically affected by what went on in the slave South. The lives of black women during slavery and all minority women since were entirely shaped by the overall dynamic, so it behooves us to examine slavery in general first and then try to understand the particular role of the development of racism which continues to plague all minority women today. Slavery was not a predetermined social relation that the first colonists brought with them on the boat. Slavery is something that had its own unique development based on the conditions that colonists found in the New World. As the plantation economy took hold in the South, one of these conditions was the need for a steady supply of labor to sustain plantation agriculture. During the 1600s this need was met largely by indentured servitude. Convicts and poor people with no other way to pay their passage were brought from Europe (mostly England and Ireland) on labor contracts. These labor contracts specified the conditions under which indentured servants were to work and the number of years they were to serve. The first blacks who came to North America were also viewed as indentured servants and many of them were eventually freed.

> *A paper presented for the Black Women's History Project (1978) stated: The need for a large labor force that was tied to the land steadily increased and gradually the North American concept of slavery developed. Slavery came to mean that (a) one was a slave for life [not a limited and specified period of time as with indentured servitude], (b) slave status was automatically inherited by the children of slaves, and (c) all slaves should be black. Each one of these ideas developed out of particular circumstances. They are not a transplanted model. The last, that all slaves should be black, grew out of the need to have distinguishing characteristics between the slave and the free laboring populations. The distinct physical characteristics of the African served this purpose.*
>
> *Along with this development of the concept of slavery, the modern concept of race also developed. This irrational, nonscientific concept holds that the black race includes all those with even one drop of black blood while the white race must be pure white. This idea served a particular economic function – the slave status could be extended to a wide pool of people even including the children of the master. The most virulent racist ideology grew up to justify this irrational and inhumane system. The color line thus became embedded in U.S. class relations and ideology with workers facing different conditions of labor across the color line.*

Thus, racism and racial oppression had their origin in the development of U.S. society and are deeply engrained in the function of that society. To overcome the effects of racial oppression, basic transformations must occur in the fabric of U.S. society. Minority women professionals have a unique responsibility to help build such transformations by continually pointing out how racism obstructs progress and by helping to train others to analyze our role in this society more thoroughly – a giant task but not insurmountable.

The criteria for quality education within a system free from exploitation have been eloquently outlined by Hilliard (1978) as: truth, continuity, self-determination, self-knowledge, and liberation. To achieve these criteria, minority women as well as *all* minorities and *all* women have a lot of homework to do.

The Effects of Colonialism and Class Oppression on the Training and Education of Minority Women in the Sciences

Previous sections of this paper have addressed various manifestations of colonialism and racial oppression and the educational process which perpetuates this oppression as it applies to minority women. In this section we will briefly address the more general and fundamental question of class oppression. Jack Forbes in his paper entitled "The Wetiko Psychosis" (1979) examines this form of oppression as a reflection of imperialism and exploitation – forms of cannibalism. They are described as precisely those forms of cannibalism which are most diabolical or evil – consuming another's life for one's own private purpose or profit.

Educational processes as they exist under oppression train individuals to be supportive of and aspire to join the ruling class in that system and thus "overcome their oppression." The essential questions raised at the conference sponsored by the Program for Women in the Health Sciences in March 1979 were "Should minority women – or any minorities – be trained to participate in and perpetuate a system that is oppressive and stifling to their creative multiethnic, multicultural background?" "Should minority women be trained to work in a system that ultimately exploits their peoples?" Or "should they be trained to function within that system but constantly work to transform it?" The general sentiment at that conference was that transformation was absolutely indicated but it was unclear where to begin. However, in order to transform a system one must thoroughly understand that system.

The analysis and mechanisms of class oppression are far beyond the scope of this paper. Nevertheless, to come to an understanding of the complexities of class relations in our society is our goal. For it is these relations which determine our integration into society. Minority women who are professionals are frequently integrated into the higher classes in our society only to accept the value systems of that class and abandon the struggles of their peoples. These same minority women will never be fully accepted in their new surroundings and their new role as exploiters. We must not forget that the most successful of colonial systems are those which get their own people of color to do the policing, etc. (Forbes, 1979). The same mechanisms are present within the United States, but due to the complexities of race relations in the U.S., it is not easy for the ruling class to establish a functioning group of minority bourgeoisie. Much work is needed before we are able to fully understand the class and race relations within our society, but we are well on our way when we recognize that it is necessary.

Summary

In order to assess appropriately the role of minority women in the professions, we must consider the objective realities facing minority women in the United States. The fundamental conditions which all minorities face are those of racial oppression and class oppression. The additional condition facing minority women is women's oppression. Given that reality, how do minority women who are professionals function in their everyday work situation – do they become a part of the liberation struggle or seek upward advancement within that society? If the only criteria used to choose between these alternatives are based on financial wants and advancement within the system, then we are in trouble.

If we accept that minority women who are professionals should not aspire to buy into and fully accept the current institutions and relations, what should be their main focus? We should concentrate on training and educating of minority women not only to be able to function within the system, but also to remain distinct from it. This will not be easy and will require continual sacrifices on the part of minority men and women currently in the professions. We must push for the further development of special programs staffed by minorities rather than those whose emphasis is to distort the need for "specialness." In this period of advancing reactionary trends, we are seeing a reversal of the gains won in the 1960s under the guidance of the late Martin Luther King. We are seeing Bakkes and Webers and are being faced with new challenges to fight these backward trends. All minority men and women should fight to condemn the Bakke decision and actively participate around implementation of the Weber decision as a show of our firm resolve to overcome the various forms of oppression in this society *and* as a true tested model for those now in school to follow. We must take care not to be swallowed up by academic institutions only to become ineffectual nonparticipants in our people's struggle.

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V.

CULTURAL CONFLICTS IN PROFESSIONAL TRAINING OF MINORITY WOMEN

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Summary of Panel II of Conference
on
The Minority Woman in America: Professionalism at What Cost?
University of California, San Francisco
March, 1979

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CULTURAL CONFLICTS IN PROFESSIONAL TRAINING OF MINORITY WOMEN

Jewelle Taylor Gibbs

Moderator: Anna Cherrie Epps

Panelists: Jewelle Taylor Gibbs
Eleanor L. Ison-Franklin
Marcia Lash

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CULTURAL CONFLICTS IN PROFESSIONAL TRAINING

Jewelle Taylor Gibbs, M.A., M.S.W.

Introduction

In 1970 the Center for Research and Development in Higher Education at the University of California at Berkeley published a collection of essays entitled *The Minority Student on the Campus: Expectations and Possibilities* (Altman & Snyder, 1970). Although these essays provided a comprehensive and well-documented overview of the issues and problems involved in the mutual accommodation of minority students and white universities, none of the authors dealt specifically with one subgroup within this population, i.e., the minority female graduate student. As Hodgkinson asserts in his paper:

> *putting these two roles together – minority group member plus student equals subordination squared. The minority student can get repression from being a student, or from being black, brown, red or yellow, or he can get it for both reasons at the same time . . . (Hodgkinson, 1970).*

If the roles of student plus minority result in a double dose of discrimination, how does the additional status of being female further contribute to the experience of subordination or repression in the educational experiences of minority women in graduate training programs?

The panel discussion on "Cultural Conflicts in Professional Training of Minority Women" offered theoretical, clinical, and experiential perspectives on this issue. The panelists, in order of their presentations, were Dr. Eleanor L. Ison-Franklin of Howard University, Ms. Jewelle Taylor Gibbs of Stanford University, and Ms. Marcia E. Lash of San Jose State University.

Dr. Anna Cherrie Epps of Tulane University Medical School, the moderator of the panel, provided a framework for the discussion in her introductory comments, emphasizing that the problems of minority women must be dealt with in the context of the problems of *all* women in today's society. In response to the myth that there are abundant programs dealing with the special needs and concerns of minority women, Dr. Epps pointed out that most programs designed for "minorities" are dominated by minority males and most programs designed for "women" are dominated by majority women.

Dr. Epps suggested that the occupational options and career expectations of a woman are still significantly limited by sex role socialization and sex role stereotyping as well as by inadequate career-counseling and negative experiences in the educational process. Referring to a needs assessment conducted by the UCSF Program for Women in the Health Sciences, she delineated a number of the complex barriers encountered by women in their efforts to obtain professional training. These included: (1) frustration in their professional aspirations in terms of being discouraged from entering certain male-dominated professions, (2) the conflicts between family and career obligations, (3) the traditional view that a woman's career is second in importance to her spouse's career, (4) the social isolation of women, (5) the professional isolation of women, (6) the stereotyping of women in terms of career options, (7) the fear of success. While all of these barriers are applicable to all women, they apply especially to minority women because of attitudinal, cultural, economic, and political barriers which continue to impact on the participation of minority women in the professions.

In spite of these barriers, many minority women, Dr. Epps stressed, have distinguished themselves in professional careers. This has been possible primarily due to strong support from their families and communities, but also as a result of encouragement of teachers, the visibility of older female role models in their professions, and the availability of supportive minority institutions.

Education is viewed by the black community as a means of providing a positive alternative to the negative view of blacks by the dominant society.

During childhood and adolescence, these female students interpreted rejections by society to be primarily based on their racial identity, but as they progressed through higher educational levels they perceived their sex to be an additional barrier. However, Dr. Ison-Franklin suggested that these women were able to develop positive attitudes toward themselves as women because of the strong support of their families and communities in the pursuit of their personal goals.

Although these students report being influenced in their career choice by parents and friends, the strongest career influence most frequently came from teachers in their undergraduate colleges. Although many of the women felt unprepared psychologically for the rigorous medical training program, they were able to develop effective coping patterns to achieve their academic goals. Describing these students, Dr. Ison-Franklin characterized them as follows:

> *The profile of the typical black woman in medicine at Howard can be summarized as one whose identity of self is strong, whose coping mechanisms have been nurtured within a supportive ethnic environment, whose career choice is incidental to the more important need to achieve academically, and who entered an institution which traditionally (though within limits) accepted the fact that women have a role in the medical profession (Ison-Franklin, 1979).*

When these female medical students were asked to identify the negative factors in their professional training, they listed the following: (1) the desire to achieve academically without appearing to pose a threat to their male colleagues; (2) finanacial problems and lack of part-time job opportunities to defray their medical training costs; (3) the conflict of combining marriage and family with a medical career; (4) difficulties in relationships with nonmedical women professionals in the hospital setting; (5) inadequate career counseling which limits their professional specialty training options; (6) lack of adequate facilities for professional females in the medical school and hospital settings; and (7) resentment from male colleagues.

On the other hand, in evaluating the advantages of attending a predominantly black medical school, these women emphasized three factors: (1) the availability and accessibility of female role models at all professional levels within the school; (2) the feeling of acceptance by the majority of the student body and the feeling of being included in all phases of college life and activities; (3) the relatively greater freedom of choice in career options without the stigma of being unfeminine.

In concluding her paper, Dr. Ison-Franklin posed the question as to why this particular subset of black graduate women perceived these advantages in their professional training. She finished by suggesting that this unique educational environment may be viewed as an extension of the ethnic community from which most of these students have come.

Conflicts in the Training of Minority Women Graduate Students

The educational context for the minority graduate women students described by Jewelle Taylor Gibbs, a psychotherapist at the Stanford University Student Mental Health Service, is quite a contrast to the supportive ethnic environment described by Dr. Ison-Franklin. Her paper, "The Minority Woman as Graduate Student: Conflicts of Identity, Intimacy, and Commitment" (Gibbs, 1979), analyzes the psychological conflicts experienced by minority women in graduate training programs at a predominantly white private university.

Ms. Gibbs employed an Eriksonian developmental model (Erikson, 1968), pointing out that young adult women in our society must accomplish at least three major developmental tasks in order to achieve a mature, healthy adult personality. The three developmental tasks on which she focused are the development of a personal identity, the establishment of intimacy in interpersonal relationships, and the choice

Although minority women are generally excluded from the mainstream of professional educational careers, Dr. Epps noted that those who do occupy these positions are usually overworked and overutilized on committees, as advisors, and as spokespersons for all issues affecting minorities. Thus sufficient time cannot be preserved for the pursuit of personal goals and professional interests, such as research or writing. And this overutilization in educational institutions, as well as in the domains of government or private industry, results in the perception of minority women professionals as "superwomen," i.e., unique and special persons, by other groups in our society. The "superwoman" myth may be further reinforced by the fact that minority women professionals have always had an extraordinary resilience and commitment to their career goals in order to overcome the barriers and obstacles that have been erected. However, these characteristics have not been developed without high personal costs.

In her concluding comments, Dr. Epps urged continued firm support for affirmative action and increased utilization and representation of minority women at all professional levels of our scientific and health professions, in management, in governmental and educational institutions and in industry. Although she pointed to the growing climate of conservatism as a counterbalancing force in contemporary society that may act to decrease opportunities for minorities and women, Dr. Epps ended on the optimistic note, however, that society is making some progress toward the goal of bringing minorities and women into the mainstream of professional training programs in all fields.

Conflicts in the Training of Women Medical Students

Many of the themes which were introduced by Dr. Epps in her initial comments continued to emerge in the papers presented by the three panelists. Dr. Eleanor Ison-Franklin, Associate Dean for Academic Affairs of the Howard University College of Medicine, presented the first paper, "The Black Woman Medical Student in a Predominantly Black Professional School." Referring to the pervasiveness of factors that influence sex-roles, stereotyping determinants in our society, Dr. Ison-Franklin pointed out that conflicts of self-perception and identity are created among all women. These conflicts center on the issues of femininity, assertiveness, competitiveness, and relations with male colleagues and friends, but they must be confronted before women can overcome the many barriers which restrict access to their professional training and development. She further states that:

> *the internal conflicts become more complex as women encounter the extrinsic societal and institutional barriers, both overt and covert, in the quest for opportunity (Ison-Franklin, 1979).*

The focus of Dr. Ison-Franklin's paper at this conference was on the experiences of black female medical students in a predominantly black academic environment. As an administrator at the college, her observations are based on her informal survey of the students. An increasing proportion of the Howard Medical College student body is made up of women who constituted 46.8 percent, a high, of the entering first-year class in 1976. As the proportion of female students has increased over the years, the number of women faculty members and key administrators has also increased so that the women medical trainees have more role models and probably experience a more generally supportive environment than is typical in predominantly white medical schools.

In spite of the environmental advantage at an institution like Howard, Dr. Ison-Franklin notes:

> *If one considers that, within the United States, personal value is highest for the white male, then being both black and female constitutes a special handicap with respect to acceptability in the prestigious institutions and professions. Mechanisms for coping with an exclusionary system which discounts one's net worth on both these criteria require an extraordinary personal effort (Ison-Franklin, 1979).*

She attributed the success of these black female medical students to specific factors in their ethnic environment, particularly the priority placed on higher education by their families and communities.

of and commitment to a career.

In her clinical work with minority women graduate students, Ms. Gibbs discovered that they experienced a high degree of conflict in terms of resolving each of these tasks. Cultural factors seemed to exacerbate the resolution of these normal developmental tasks and made it much more difficult for these women to function effectively in their academic and social relationships.

Minority women graduate students most frequently complained of four sources of stress which made it more difficult for them to cope with their developmental tasks, (1) academic stress, (2) competing demands from family and community, (3) male-female relationships, and (4) choice of career options.

In the area of academic stress, minority women complained that they are often perceived as "special admits," a derogatory reference to the fact that they potentially can fill two quotas for an affirmative action goal of an admissions committee. This categorizing frequently results in treatment by professors and fellow graduate students which is condescending, ambivalent, and even hostile. Moreover, they are often excluded or discouraged from research opportunities and other preprofessional activities which would enhance their training and increase their job opportunities. Thus, they feel under constant pressure to demonstrate their competence while simultaneously receiving subtle as well as overt messages that they are inferior and less competent than their fellow students.

A second major source of stress for the minority female graduate student is that her family and community compete for her time and energy. Although this varies with different ethnic groups, the majority of the women students complained about cultural attitudes and expectations of their families that they should pariticipate in family activities and discharge their family obligations in times of crisis, celebrations, and holidays. This was particularly true of students from extended families where a premium is placed on co-operation and collective effort rather than the dominant middle-class American ethic of competition and individuality. Similarly, these students felt pressures from their communities to participate in activities, both as a means of maintaining their cultural identities and as a means of providing role models for younger members of their groups. However, they found that it was very difficult to strike a balance between the needs of family and community and the demands of graduate training, as these two sets of pressures are usually incompatible.

Interpersonal relationships between males and females were identified as a third major source of stress by these women. Most of the students came from families and cultural backgrounds with a very traditional view of male-female relationships, including well-defined sex roles and expectations. Their decision to pursue graduate professional training is a distinct break with tradition and is often perceived by minority males as threatening to their self-esteem and a challenge to the status quo of male dominance. Thus, these women felt that their educational achievements were gained at the cost of making themselves less attractive as marital choices to men in their own ethnic groups. This dilemma has created severe psychological conflict for the minority woman graduate student who often cannot decide whether to pursue her professional goals and risk social rejection or to compromise her goals in order to conform to cultural expectations of appropriate sex-role behavior and status.

A fourth major source of stress for the minority graduate woman student is choosing a career goal, and not just a career; that is, she must decide how to use her professional training most effectively. Her dilemma is created by the struggle between her desire as an individual to take advantage of the increasing opportunities in the private and public sectors of the economy, and her feelings of group loyalty that suggest she should utilize her professional training in her community. For many of these women this is a very difficult choice, involving as it does a commitment to a career path, to a lifestyle, and to long-range professional objectives.

While all minority women graduate students have delineated these four sources of stress, the married graduate student has an additional source of stress in her efforts to manage her dual or triple roles as wife, student, and, often, mother. Even with a supportive spouse, the married graduate woman must always balance the demands of marital and domestic obligations with the demands of professional training. This is a particularly difficult task for women with children, who must also concern themselves with child-care arrangements, and constant monitoring of the child's physical, social, and psychological needs. Minority mothers also have the additional responsibility of monitoring the impact of school and community, enabling their children to cope with the prejudice and discrimination often expressed in these institutions and to develop positive identities and feelings of competence. Thus, they function under enormous pressures to be competent as wives and mothers while simultaneously performing well in their studies.

Various coping strategies have been developed by these women to deal with these stresses; these strategies often reflected family and cultural patterns, personality traits, previous methods of dealing with stress, use of support systems, and perceptions of alternatives in the environment. The strategies include the following: (1) the "superwoman syndrome," (2) the overachievement syndrome, (3) the apprenticeship strategy, (4) the group support strategy, (5) the acting-out strategy, and (6) the withdrawal strategy.

The "superwoman syndrome" is especially common among married minority women students and is characterized by compulsive overorganization and conformity to a rigid schedule of family and academic obligations, sometimes resulting in physical and emotional collapse. The overachievement strategy is found among students who focus almost exclusively on their academic tasks, work extremely hard, and ignore their social and personal needs, and it eventually leads to exhaustion and depression.

One of the two strategies which have proven to be most effective is the apprenticeship strategy, by which the student aligns herself with a faculty member or group, involved in an ongoing research project. This strategy provides her with apprenticeship opportunities and potential publications, increasing her employment options and her professional visibility. In the second strategy, that of seeking group support, the student develops support networks, both formal and informal, to provide her with emotional, social, and academic assistance as well as consensual validation for her personal and professional self-perceptions.

Two strategies which, by contrast, have proven to be very dysfunctional for minority women graduate students are the acting-out strategy and the withdrawal strategy. When students cannot handle their negative feelings and insecurities about their status in graduate school, they may adopt an acting-out strategy which involves them in protest activities and/or hostile behavior toward faculty, administrators, and other students, often culminating in their termination from their programs.

The most dysfunctional strategy is the withdrawal strategy, by which the student gradually loses interest and motivation in her studies and becomes depressed, lethargic, and unable to function without therapy or some environmental manipulation, such as a reduced course load or a change of adviser.

In conclusion, Ms. Gibbs reiterated the theme that the current climate may foreshadow decreased commitment to affirmative action programs in graduate training, which will increase the stresses experienced by those minority women who are admitted to graduate school and whose qualifications and competence will continue to be challenged on the grounds of either sex or race. Thus she concluded:

> *In addition to encouraging the development of individual coping strategies needed to survive in the emerging conservative academic environment, it is imperative that mental health professionals continue to provide supportive services to this population and to launch innovative progams of outreach and primary prevention in coordination with other university and community resources (Gibbs, 1979).*

Conflicts in the Training of Minority Women Nurses

The persistent themes of institutional barriers, professional role conflicts, and ethnic identity issues were again underscored in the presentation of the third panelist, Marcia E. Lash, Instructor of Nursing at San Jose State University, who spoke on "Black Women in Nursing: The Silent Warriors" (Lash, 1979). Ms. Lash provided a conceptual framework for categorizing minority groups in this country into three major types: (1) autonomous, (2) caste (pariah), and (3) immigrant minorities; this typology is based on the work of Berkeley anthropologist John Ogbu (1978). She pointed out that blacks are considered a caste minority because

> *they are not free to pursue most social and economic activities . . . they are a denigrated group excluded from society while performing important social and economic functions (Lash, 1979).*

Contrasting this caste minority status with the other two types, she described autonomous minorities as those who have a distinctive racial or cultural identity and are not totally subordinated to the dominant white Anglo-Saxon majority, such as Jewish or Mormon cultural groups. Immigrant minorities, on the other hand, maintain their cultural identity without trying to assimilate into the mainstream, for example, the Chinese and Japanese groups.

Ms. Lash applied the caste minority typology to the analysis of a subsample of black professional women, i.e., female nurses. She noted that the field of nursing in general has made significant gains in its efforts to obtain professional recognition and to overcome the stereotypes of a "handmaiden profession." However, she further stressed that

> *in both the historical and contemporary context of professional nursing, black women have remained in the lower strata of the occupation's hierachy. the black nurse is entangled in the midst of two evolving processes of the social order. Racially, she is a member of a caste minority which has not been fully recognized on a meritorious basis by other groups; professionally, she is part of an emerging group not fully recognized by other groups on the basis of its worth to society (Lash, 1979).*

Describing the three options for training in professional nursing, Ms. Lash noted that the three-year hospital-based diploma program has the worst record of black enrollment. The largest proportion of black nursing students is now concentrated in the two-year community college programs which lead to an associate of arts degree, while the four or five year college baccalaureate degree programs, which combine courses in nursing education with social and biological sciences, have graduated a relatively small but constant number of black students in spite of increasing enrollments in recent years.

A fourth option in nursing is the training of paraprofessional licensed vocational nurses, which accounts for the disproportionate majority of black women in the field of nursing. Lash quoted from Vaughn (1977) who explains this phenomenon by two underlying assumptions in the educational process, i.e.,

> *(1) education on every level is provided for, structured by, and addressed to the needs of the majority middle class population; and (2) low socioeconomic status often pre-identifies the student as a low achiever, or at the very least, into the low expectation category.*

Citing further studies of black participation in nurse training programs, Ms. Lash noted that in 1963 black students constituted 16.4 percent of those admitted to practical or vocational nursing programs, but only 3 percent of those who were admitted to professional nursing programs. In 1972 all minorities comprised about 5 percent of all employed registered nurses, while minority enrollment in associate degree programs dropped from 14 percent in 1972 to 8 percent in 1975.

Ironically, as Ms. Lash asserted in her paper:

> *as the efforts to gain legitimacy and status in nursing increase, the number of black women and other minorities admitted into the profession decreases (Lash, 1979).*

In addition to a decrease in the total number of minority women in professional nursing training programs, many predominantly white nursing schools admit a few tokens who assume the difficult position of being symbols of, as well as unwilling spokespersons for, their group. Ms. Lash suggested that this dilemma results in cultural isolation and feelings of powerlessness among these students.

Another major issue in the training of black nurses is that they are often perceived as intellectually inferior and are treated accordingly by their instructors. They not only lack role models in positions of power and authority, but they also must learn to relate to predominantly white patients in terms of dominant cultural attitudes and behaviors.

Ms. Lash also identified some strategies which black nursing students employ to help them survive in a majority institution, such as seeking group support systems. Students who protest against the system are

> *labeled as recalcitrants and, in turn, systematically eliminated . . . Thus, those nursing students who actively seek changes within the system may be experiencing difficulty in remaining in the program.*

Another study by Claerbaut (1976) was cited to illustrate that black student nurses ranked highest in alienation at five colleges: they also ranked highest in social isolation and cultural estrangement. Summarizing the issues in the education of the black nursing student, Ms. Lash listed four problems:

> *(1) The black woman, in a predominantly female occupation, is delegitimized — as a member of two lower status groups: female and caste minority; (2) the numerically inconspicuous black students in predominantly white nursing programs are placed in token positions where they become representatives of all black Americans regardless of their distinct personal ideologies; (3) by blatant omission of their culture from textbooks and curricula, black nursing students find little relevance in the institutional setting; (4) by the paucity or absence of black role models in positions of power and authority and the paucity or absence of other minorities, black nursing students lack the adequate support systems to encourage their advancement and success (Lash, 1979).*

Another problem which necessarily precedes those of the educational experience itself is the issue of financial supports for black student nurses, less than 3 percent of whom received full scholarships nationally in 1972; and 25 percent of whom financed their studies through loans. If these scholarships are awarded on the basis of scholastic achievement or results of standardized ability tests, blacks are at a decided disadvantage due to frequent cultural bias in the criteria for these measures.

Along with the issues of finances, admission, and retention of minority women in nursing education, the issue of service to disadvantaged and underserved areas must be considered. Ms. Lash emphasized this point:

> *Minority nurses appear to contribute more than others to providing better access to nursing care for disadvantaged populations. Employed minority nurses are more likely to work in urban communities and in the southern and western areas of the country where many low-income people live and where nurses are in shorter supply (Lash, 1979).*

Ms. Lash concluded by advocating an integrative educational model, as proposed by Leninger (1970), which incorporates multicultural perspectives in the health curriculum. She suggested that this would result in a

> *greater sensitivity in caring for culturally diverse populations.*

Cultural Conflicts in Training: General Themes

During the audience-panel interaction and discussion which followed the presentation of the papers, seven major themes emerged. These can be summarized as (1) the conflict between the values of traditional ethnic cultures and those of the dominant majority culture, (2) the conflict between the drive for positive ethnic identity and negative cultural stereotypes, (3) the conflict between the value of competition and the value of cooperation, (4) the need for special programs to help minority students compete effectively, (5) the need for ethnic medical schools, (6) the need for employee counseling programs for minorities in university administration, government, and business, (7) the problem of interpersonal relationships between minority women and minority men. These seven major themes will be briefly discussed in the context of the panel presentations.

Traditional versus Dominant Values

Although a traditional culture such as the Native-American or the Japanese-American ethnic minority group may inculcate the values of passivity, deference to elders, and verbal reticence, these values may have to be challenged and altered if women in these groups are to achieve their potential in current western-oriented professional training programs. It was also pointed out that most minority cultures are continually evolving and changing and many have incorporated elements from colonial definitions regarding how minorities should behave vis-a-vis the majority culture. Since this is true, minority women should attempt to relate to those elements in their traditional cultures which would support and enhance their professional aspirations, rather than relating to those elements which focus on the subservient role of women or minorities. Similary, it was noted that regional differences exist between members of the same ethnic group, e.g., Japanese-American families in Hawaii emphasize family obligations and traditional sex-role behaviors for women to a greater extent than mainland Japanese-American families, creating differences in the career aspirations of women from the two subgroups.

Values of the larger society and its institutions may also come into conflict with various cultural phenomena of different minority groups. An example was cited of an Indian student who felt uncomfortable talking to an interviewer in an office setting, but was much more relaxed when they moved out-of-doors where he felt more in tune with nature. Other minority students also may develop tensions which are rooted in the cultural differences between their backgrounds and their academic environments.

Positive Identity versus Negative Stereotypes

Closely related to the issue of conflicting cultural values is the conflict which arises from the need to develop a positive identity and sense of self-esteem in an environment which constantly portrays minority persons in negative stereotypes and reinforces negative self-images among minority youth. In seeking a more positive identity for themselves during the decade of the sixties and the civil rights movement, black youth, it was pointed out, developed a set of counterstereotypes defining a kind of "cultural blackness" containing elements which were equally negative and deleterious to positive identity devleopment, particularly the focus on anti-intellectualism as a value. It is necessary, then, to challenge all cultural stereotypes if they perpetuate maladaptation and neurotic behavior, even if their intention is to develop a feeling of solidarity and group identity. Another example of this phenomenon is the "macho" stereotype among Chicano males, which may make it difficult for them to accept females in nontraditional roles. Native Americans who are reluctant to be labeled "apples" (i.e., red on the outside, but white on the inside) may fail to take advantage of opportunities outside the reservation which would enhance their educational and occupational opportunities.

Competition versus Cooperation

One of the specific value differences which seem to differentiate traditional minority cultures from the dominant culture is the emphasis in the former on cooperation and interdependence and the emphasis in the latter on competition and individuality. However, competition may not be the only way, or the most effective way, for minority students to learn, since many experience tension and anxiety in competitive situations. Examples were offered of such student approaches to cooperative learning as study groups, cultural programs, and culturally based activities such as a gospel chorus or an ethnic dance group. In addition, instructors should distinguish between the *goal* of passing an examination and the *method* of reaching that goal, i.e., students should not necessarily have to compete for a limited number of high grades, but should be able to develop the competency needed to achieve specific grades if they can master the necessary information.

Another cultural assumption was challenged, i.e., that there should be competition for a few slots in the high-prestige professional training schools, such as medicine and dentistry, when these professions are under represented among minority groups. An alternative view expressed was that more openings should be created for health professionals in general, and for minorities specifically, so that the greater numbers would insure better service to disadvantaged and rural areas where few majority doctors and dentists currently choose to practice. If the artificial restrictions on access to these professions were removed, one of the important barriers to producing more minority health professionals would be lifted.

Need for Ethnic Medical Schools

Several participants affirmed the importance of establishing more medical schools with curricula geared toward members of specific minority groups, particularly those from Native-American and Spanish-speaking cultures. The justification advanced for this view was that contemporary Western medical education is very conservative and does not often deal with issues such as nutrition, exercise, psychological problems, and other issues which might be very relevant to the health care of minorities. Moreover, alternative methods of healing such as herbal medicine and acupuncture are not recognized as legitimate in most medical schools, although these approaches have been employed by traditional doctors in Indian and Asian cultures for centuries and their effectiveness has been demonstrated.

In addition to creating more opportunities for the professional training of minority doctors, these schools would also serve other functions. For example, such institutions would provide alternatives to current medical school curricula which often stress research over clinical practice; they would provide a supportive environment for those students who function more effectively in settings where they experience a feeling of ethnic community and identity; and they would provide leadership roles for students and better prepare them to make significant professional contributions as spokespersons for improving the delivery of health care to disadvantaged groups in our society.

Need for Special Programs

There was a strong consensus among the conference participants that there is a continued need for special programs aimed at helping minority youth compete on college campuses and to prepare them for the even more rigorous programs of graduate schools. It was noted that minority youngsters often do not know how to "negotiate the bureaucracy" and are immediately placed at a competitive disadvantage in terms of obtaining adequate advising, counseling financial aids, housing facilities, and information about graduate school programs. Moreover, this disadvantage continues into graduate school and even into their professional careers. In addition to the lack of experience with large bureaucratic organizations, it was suggested that many minority students are negatively influenced by their "cultural baggage," i.e., negative attitudes about officials and agencies which prevent them from developing appropriate behavior which would enable them to compete effectively – for example, the feeling that authority figures will respond to them with prejudice, indifference, or condescension and that they can find some way to bypass official procedures and policies. This attitude is often carried over into their professional lives when they may indicate that simply having obtained a higher degree should be sufficient for them to advance in their careers without familiarizing themselves with personnel policies and procedures, without taking advantage of internal advanced training courses, or without participating in professional committees, organizations, or conferences.

That the current educational and occupational structures reward competition and measure competence through standardized licensure examinations were other major reasons for the need for minority students to learn how to compete, to learn how to find their way through the bureaucracy, and to learn how to take maximum advantage of educational opportunities. One of the tasks of advisers of minority students is to model appropriate instrumental behaviors, e.g., showing them how to use resources such as catalogues and information files, rather than interpersonal interaction, i.e., asking friends and relying on rumors and hearsay information to make their decisions.

Need for Counseling Programs

As noted previously, the culturally learned attitudes and behaviors of minority students, which often prevent them from maximizing their college opportunities, frequently characterize their behavior as beginning employees in college and university administration, government, and private industry. These attitudes reflect distrust of authority, anxiety about competence, or fear of revealing any areas of insecurity, and the result of these attitudes may be in slower progress in promotions, problems in job performance and evaluation, and a general lack of involvement in the institution as a whole. These young professionals could benefit from counseling programs which demonstrate to them the steps in "hooking up" to their organization, such as familiarity with personnel procedures, involvement in internal training programs, attendance at professional meetings and conferences, committee participation, research and writing opportunities. It was emphasized that these young professionals are products of their cultural heritage and cannot reasonably be expected to be familiar or comfortable with all of the upwardly mobile behaviors and styles which are inculcated into majority youth from childhood. It is also important for responsible administrators and faculty in institutions to understand that there are other legitimate cultural styles of professional interaction in minority communities, though these styles may not be viewed as appropriate in particular institutional settings. Awareness of the cultural dimensions of interpersonal behavior on the part of both employers and employees is the first step in instituting positive changes.

Interpersonal Relationships

The issue of the interpersonal dynamics between minority women and minority men was the final major theme discussed. This was cited as a good example of changing cultural perspectives, for at one time among blacks it was considered acceptable for a woman to have more education than her spouse or mate because black males could not obtain jobs commensurate with their educational levels. However, since some affirmative action programs have increased professional opportunities for black males, it is no longer common for black women to marry men with lower occupational status. At the same time, mating options have increased for black males and the proportion of interracial marriages has dramatically increased, resulting in an imbalanced social situation for black females, particularly in the pool of professional men and women.

Along with this development has been a shift away from a thrust of the sixties, when black women were exhorted to build up black males and the black family as a response to the Moynihan Report (1965), which criticized the structure and the stability of the black family; the shift has been in the direction of women's liberation, i.e., the focus on women fulfilling their individual aspirations without making their goals subordinate to the goals of their mates. While black women have been influenced to some extent by the rhetoric of the women's liberation movement and the impetus of the affirmative action programs, many still feel conflict about competing with black males and feel that they are viewed as aggressive and unfeminine and, thus, less sexually appealing than women who are not pursuing professional careers.

In the case of other minority groups, women are just beginning to enter professional and white collar careers and this has caused conflict between traditional views of woman's place as a homemaker and childrearer and contemporary views of woman's place in the world of work. Males feel very threatened by these changes and often react by withdrawing their emotional support, financial support, or both. Alternatively, they may display an exaggerated "machismo" by insisting that women continue to fulfill all of their functions as spouse and mother while they try to perform in professional careers, creating intolerable pressures on these women and their families. Since these minority cultures are also changing as the wider society changes, new arrangements and solutions will undoubtedly emerge so that relationships between minority women and men will evolve into more mutually satisfactory dimensions.

Conclusion

The moderator of the panel, Dr. Epps, summarized the seven themes and commented on their relevance to the issues raised by the three panelists. Although at times different opinions had been expressed on some of the issues, the discussion was always provocative, informed, and lively. In one of the concluding comments it was again emphasized that although all women experience these barriers and problems of self-fulfillment to some degree, minority women experience them to a significantly greater extent, and these barriers have a much greater impact on minority women of all socioeconomic classes than on majority women, who continue to have greater educational and occupational opportunities as well as a wider range of professional options. Perhaps Dr. Epps phrased it most succinctly and appropriately in her closing words:

> *If there were true equal opportunity based solely on competence, minority women would not be experiencing the stresses they now feel . . . "Conditioning" is the key to successful thought processes (for the minority woman) and performance is the direct result of education, training, work opportunity, experience, promotion, and respect afforded in our society.*

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VI.

BEING A MINORITY PROFESSIONAL WOMAN

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Summary of Panel III of Conference
on
The Minority Woman in America: Professionalism at What Cost?
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BEING A MINORITY PROFESSIONAL WOMAN

Loma K. Flowers

Moderator: Price Cobbs

Panelists: Loma K. Flowers
Cheryl Gilkes
Clara Sue Kidwell
Joanne Yamauchi

BEING A MINORITY PROFESSIONAL WOMAN

Loma K. Flowers, M.D.

Introduction

The themes in this section continue some of the previous conference themes, such as factors influencing cultural or racial identity, individual identity, i.e., how a person would describe herself to someone unfamiliar with her role in life, and entitlement, i.e., the point at which during the process of professionalization an individual feels entitled to do what she is doing and to be who she is. Additional themes were also raised and emerged in detail in the conference discussion, such as the timing of emotional difficulties and the differences and similarities betweeen minority professional men and women.

I begin with an overview of minority professional women, and then examine the four major racial groups that make up minorities in the United States: Asian Americans, Native Americans, Afro-Americans and Spanish Americans.

An Overview of Professional Costs

In my paper "Ten Minority Women and the Costs They Pay" (1979), I reviewed data that had been collected in the course of individual intensive psychotherapy and intimate conversations with nine patients and one friend, eight of whom were black, one Asian American and one Spanish American. Those issues never mentioned were presumed to be conflict-free. All of the women were functional at their occupations despite their difficulties, and thus their problems were considered to be representative of these of any professional woman.

> *It was immediately obvious that what is a problem or "cost" to one individual because of certain external or internal factors (e.g., social class or dependency needs) may be totally insignificant to another*

The readily evident difficulties fell into three major categories with specific problem areas in each category: (1) career, including schools attended, additional qualifications, discrimination (sexual and racial); (2) relationships, including general relationships, lovers and children; (3) personnel considerations, including health (physical and emotional), money and personality development (lifestyle, maturation, religion, travel and artistic interests).

It was noted that

> *some of the costs are anticipated, chosen over others and accepted in advance. A good example of this is those incurred directly through the career itself, which is also where the major benefits are expected and obtained. These "career costs" are usually paid with the least stress, like the hours required to be devoted to study.*

In contrast to this:

> *Other costs, however, are hidden and appear as nasty surprises either in the amount that is to be paid or the "coin" that is demanded. By the time these*

> *hidden costs appear there are often "no exchange" and "no refunds" and no management to whom to complain which has the power to cancel the charges. The professional woman is left with the "bill".*

It was these hidden costs that seemed to cause most of the trouble and pain experienced by the minority professional women in the sample. Occasionally, there was also a third cost: termed a "life event" (Holmes, 1978), such as the death of a relative in conjunction with hidden costs which:

> *tipped the balance of her emotional "budget" too far into the red to be corrected without help. Psychiatric help was then sought as a way to "reduce the bill" and arrange "resonable payment terms."*

I found considerable consistency throughout the sample in the experience of difficulties: for example, racism in some forms, sexism after the graduate level, stress and role strain with small children and some degree of physical problems not generally increased with age. There was also considerable uniformity in the general lack of difficulty with handling casual acquaintances and friends and a desire for children.

I also described marked diversity throughout the sample with respect to the level to which these women pursued achievement, the obstacles perceived in their path, the comfort and closeness they maintained with their families, the course of their relationships with lovers, husbands, and colleagues and the compatibility of personality with the variety of other choices in career, religion, etc.

An Asian American Perspective on Being a Minority Professional Woman

Dr. Joanne S. Yamauchi, who is currently studying Asian women in nontraditional male-dominated occupations and female-dominated occupations, noted in her paper "Asian American Communication: The Women's Self-Concept and Cultural Accommodation" (1979) that there is a scarcity of empirical research in this area of professional Asian women. She quotes Cordova (1976) in describing the Asian American population as

> *approximately 1.5 million individuals of Chinese, Japanese, Korean, Filipino, Vietnamese, Cambodian, Thai, and East Indian ancestries. In addition the Asian group includes Pacific Island peoples: Samoans, Guamanians, Hawaiians, and Tongans.*

These Asian Americans can also be divided chronologically into three groups, pre-1924 immigrants, U.S.-born and recent immigrants. Each of these groups has a different accommodation pattern. Using Kitano (1976) and Kurokawa (1971), Yamauchi describes the most common pattern of adjustment to the majority culture. It is one which:

> *has been characterized primarily as accommodation: the desire of a minority group for equality but with separation from the dominant group which agrees to this arrangement (Yamauchi, 1979).*

The Asian self-concept can be explored in terms of the development of a distinct identity that is a combination of ethnic, sexual and racial roles. The traditional ethnic values elucidated by Kitano (1974), such as filial piety, with its attendant group-shame control mechanism, fatalism and obedience to authority, apply to most Asian Americans. The subservient role assigned to women applies to all except perhaps the Filipinos.

In practice a number of influences operate on Asian American professional women. Stereotypes imposed by members of the dominant society have influenced the large number of Asian women who are now represented in the less assertive and nonverbal fields such as clerical, math and science. Majority counselors have often assumed that Asian women will not go into fields that demand more assertive or aggressive verbal or nonverbal behaviors. The stereotype that Kuramoto (1976) mentions of the docile "china doll" often prevents colleagues from taking Asian American professional women seriously in a work situation. Another major problem area Yamauchi mentioned is the discrepancy between educational achievement levels and the relatively low salaries earned by Asian American women. Inadequate training programs for recent immigrants, for example, the need for classes and difficulties in licensing procedures also affect the professional woman's ability to work at the level of her competence and training in the United States.

Those Asian American women who do select more assertive careers face a dilemma, the solution to which requires:

> *the successful balancing of behaivors and values from two cultures. In attempting to be effective, they must be more assertive, contrary to traditional Asian values of deference. In becoming more effective (Bartos, 1961; Burma, 1952, Fujitomi and Wong, 1973; Meade, 1970), they become visible and public, contrary to Asian values of moderation and modesty (Yamauchi, 1979).*

Yamauchi further suggested that the development of a

> *pleuralistic perspective that includes behavior patterns that may reflect Asian or American values depending on the particular context and the individuals with whom the Asian women are interacting may facilitate . . .*

may facilitate successes in the struggle for positions of leadership for Asian American women.

Two areas for research were indicated by Yamauchi. Training programs could be developed to enhance leadership skills, assertiveness and communication skills. Second, an assessment of young Asian American women in schools is needed to determine their knowledge about employment prospects and community resources. Accurate information in these areas would provide direction for aiding career advancement and personal management for Asian American women.

A Native American Perspective on Being a Minority Professional Woman

Dr. Clara S. Kidwell has summarized her paper "The Status of Native American Women in Higher Education with Special Emphasis on Women in Public Health" as follows:

In 1976, under the auspices of the Women's Research Program of the National Institute of Education, conducted a study on the status of Native American women in higher education. A total of sixty-one questionnaires was obtained from a sample of Native American women in college. The largest number of these women were at Haskell Indian Junior College in Lawrence, Kansas. In response to one question, the women by and large did not report that they felt any real cultural conflict between their roles in Indian cultures and their status as college students. The majority felt that they had as much (or even more) encouragement as their male relatives to go to college, and a group of women who were interviewed personally reported that they were more successful than their male siblings in obtaining a college degree. A survey of statistics on women who received financial aid from a major Indian scholarship organization and from the Bureau of Indian Affairs in 1965-66 showed that the majority of them majored in some field of education or social work. There appeared to be a strong commitment to social service careers among the women surveyed, and the statistics on scholarship recipients also bear out this conclusion.

A survey of Indian and non-Indian women who had graduated from the school of Public Health at the University of California at Berkeley or other schools of public health was conducted in the winter of 1979. A special support program for Native Americans is based in the school of Public Health at Berkeley. That program has been in operation since 1971, and sixty-eight students (thirty-seven of whom are women) have graduated to date. Out of a group of thirty-seven Indian and non-Indian women, matched as closely as possible by year of graduation and major, twenty-two (10 Indian and 12 non-Indian) returned questionnaires that were mailed to them. Major differences between the Indian group and the non-Indian group were found. The Indian women majored primarily in psychology or sociology; the non-Indian women majored in a much wider range of subjects. Indian women tended to attend colleges near their homes; non-Indian women seemed to have attended a much wider range of colleges. The motivation expressed by the Indian women for seeking a career in health was service to people in a majority of cases. Non-Indian women were primarily interested in careers in administrative capacities. Indian women generally wanted to return to their home communities, or to an urban area with a large Indian population. Non-Indian women primarily wanted to work in an urban area. The non-Indian women expressed some confusion as to what was meant by the term "home community," several interpreting it to mean where they were currently living or had gone to school. The three Indian women from reservations in the southwest appeared to have been successful in returning to their home areas to work (although one worked in an urban area near her reservation). Eight of the ten Indian respondents were working for the Indian Health Service, Indian tribes or Indian organizations, but on the whole they did not feel that their jobs fulfilled their original career objectives as well as the non-Indian women did. It can be concluded that Indian women may find it more difficult to find jobs in their home areas that truly match their educational levels and career objectives than their non-Indian counterparts, who are mainly concerned with finding administrative jobs in urban areas. In terms of family or personal life, the Indian women were more likely to begin their graduate careers being single and to get married at some point thereafter, and the non-Indian women were more likely to begin their graduate careers being married and to get divorced sometime thereafter. There do not appear to be significant "family" costs for the Indian women who choose careers in health. An interesting positive factor seems to be the existence of the special support programs for Native Americans in public health. There is evidence of a strong sense of professional commitment on the part of the women who have graduated from the program, and a strong sense of a network of professional Indian people who have come through the program, maintain contact with one another and spread the word of the program to other Indian people. There may be costs to Indian women who choose graduate education in public health in terms of the lack of jobs to meet their career objectives, but there is a sense of a professional Indian community that these women can take part in, and this may be a benefit to them.

A Black Perspective on Being a Minority Professional Woman

"Community commitment and Professional Survival: The Curious Career of the Black Community Worker," by Cheryl T. Gilkes, defined community works as:

> *women who are publicly recognized for their hard work for social change and community survival in a large eastern city and employed in professional-level positions as managers and directors of human services (social, health and mental health), religious, educational and charitable agencies and programs.*

She used the term black community, as defined by Blackwell (1975), to designate a highly diversified collection of individuals and aggregates of peoples whose structure is held together by the forces of white oppression and racism. Gilkes commented that this black community has a way, as do all cultures, of generating its own roles and status and somehow peopling them, which involves a division of labor. The position of community worker is part of the strategies developed to combat white racism and to strengthen the survival and advancement of black social, economic and political institutions.

Dr. Gilkes interviewed 25 community workers and learned that after they became adults they reoriented their labor force participation from the traditional professional approach to an antiprofessional approach; they became committed to conflict with the dominant society on behalf of black people.

> *Black women community workers reject certain ideologies of professionalism which justify demands for social distance, deference, and political dominance and reinforce certain dimensions of inequality in the wider society.*

> *The consequence of this line of commitment is a career characterized by positional instability and a disorderly, unpredictable sequence of jobs: a "curious" career (Gilkes, 1979).*

The 25 women divided into two generationally specific groups. The two in their 80's belonged to the era of the National Association of Colored Women's Clubs. They were both members of groups which had collectively bought clubhouses and had hired others to write grant proposals and provide consultative knowledge, for example on statistics. The second group numbered 23 and ranged from 26 to 30 years of age. They were all continually sought out and pressured to find specific solutions to, and assist with the problems of their community. They were seen as the solutions to the trouble. This was not true for professionals from less troubled communities, yet traditional professionals were spared some pressures because of this full-time commitment of the community women.

All of the women were community residents who had been recognized in the local newspapers at least eight years prior to the study, and some as long ago as 1940. There was an educational shift with time toward the baccalaureate and graduate degrees. Some had difficulties because they refused to take the basic requirement courses, considering them irrelevant. Others bypassed the baccalaureate and went directly to graduate school, sometimes using their community projects as the basis for research. In general, these women were in tune with the attitudes of the traditional professional and understood the latter's reluctance to be activist. However, they were highly critical of the professional structure.

The Chicana Perspective on Being a Minority Professional Woman

Cecelia Burciaga summarized Carmen Carrillo's paper entitled "Chicana Professionals: Multiple Roles-Multiple Burdens" as follows:

In her paper, Dr. Carrillo discussed the double jeopardy that Chicana professionals must face and overcome. She noted that racism is an experience shared with the Chicano but that the Chicana "has the added burden of living in a world geared for men." Transcending rigid sex roles within the Chicano culture is viewed as one of the first barriers that Chicanas must break through if they are to develop a professional career path. Researchers have concluded that "sex-roles among Raza groups tend to be more clearly defined than in other cultures" (Carrillo, 1979). Thus, the road is a lonely one for Chicanas who have succeeded in cutting through many of the culturally appropriate sex-role stereotypes of passivity, submissiveness and subservience.

> *Dr. Carrillo also pointed to the negative images portrayed by the media, which inconsistently stereotype the Chicanas as either lovable, tearful women whose selfhood consists of unconditional love, resignation and suffering or . . . the image of a sexy and seductive Latin siren.*

She pointed out that Chicanas have had to challenge both a racist society which stereotypes her image and traditional Chicano socialization processes which would have her remain a passive and accepting counterpart to the Chicano.

In addition, Dr. Carrillo talked about the internal stress and conflict that a Chicana feels when she is accused of becoming "too Americanized" and unable to relate to the bulk of Chicano people because she has broken out of the traditional system. Dr. Carrillo noted that the lack of a critical number of Chicana professional role models has made the stress even greater for the few Chicana professionals because they lack the advantage of seeing other women such as themselves in professional roles. She also noted, however, that there is an emergence of informal support groups, and she viewed these as important vehicles for reinforcement and lessening the stress and the sense of isolation.

In her paper, Dr. Carrillo reaffirmed that racism and sexism doubly impact on the development of the Chicana professional and that her cultural differences become yet a third issue of particular significance to

Chicanas. She concluded by saying:

> *That so many Chicanas have overcome burdens and obstacles before them is a testament to their individual and collective strength.*

Being a Minority Professional Woman: General Themes

Timing and Cause of "Breakdowns" in Minority Professional Women

There was considerable conference discussion about the point in their careers at which most of the minority professional women experienced the pressures described in my sample. In general, they had finished their training and were employed. Five had doctorates, two had graduate-level degrees, one was in graduate school, and two had baccalaureates. By this stage in their professional development certain coping systems had been well formed. These were intelligent and capable women, only one of whom had had emotional problems prior to training, but the costs they experienced strained their coping systems. These costs were often the result of a combination of life events in conjunction with hidden costs.

Minority women were thought, by the conference participants, to go through phases in their coping styles which paralleled their educational process or the situations they found themselves in. One coping example started out being a "superwoman" with a job and a family, trying to fulfill both roles well with resultant stress (Seiden 1976). Those women who received psychotherapy were suspected of being superachievers, i.e., a little more perfectionistic and a little more ambitious than most. However, when unmanageable stress occurred they moved rapidly into another coping style.

It was also proposed that those who try extremely hard to achieve are more vulnerable to failure, or a sense of failure. These women might be more sensitive to implied criticism by a sexist colleague or more sensitive to a situation in which it is impossible to succeed in all roles, and that is when the "breakdown" begins. Another contributing factor noted was isolation, which may account in part for some of the minority professional women who seek psychotherapy. A high percentage of mental health workers and teachers who often work in isolation were among the sample; these professionals did not have an adequate support system at work. The cultural and individual problems were related but the cultural problems were external and related to the situation, and distinct from the internal personality problems. It was predicted that difficulties would increase as more minorities become professional, and that the strategies that have been used to handle external stress and maintain internal stability must be more readily available.

Cultural Identity and Duality

Minority professional women must assume a duality and learn how to operate the majority culture in order to complete even elementary school. This reality leads to common complaints about working in a white world and living in a black world; yet there remains a strong desire to cope with a single reality. Choosing one world is a simple way to reduce stress, but the choice necessitates repeating the psychological preparation for unpredictable stress whenever an encounter with the other world is anticipated. In general, the more successfully one handles this duality, or need for flexibility, the healthier the individual will be.

Some minority profesional women have not accepted the fact that they are bicultural people and that their racial identity and choice of profession take them into two separate cultures. There is a common tendency to reject the majority culture, to the extent of not wanting to deal with it at all.

Individual Identity

There was discussion by the conference participants of a phenomenon that has been found among more successful black professionals, commonly expressed as "I am afraid of losing my blackness"; "I am afraid of losing my femininity." Asian women were concerned with retaining their femininity and Asian identity, and emphasizing their femininity when it is helpful and using a more asexual approach when that is called for. Native American women have experienced the discouraging warning, "If you get educated, no one is going to want to marry you," a warning reflected in the tensions in the Indian community that center around the role of professional Indian women (Kidwell, 1979). Indian women have experienced criticism from male colleagues centered on not being aggressive enough in holding certain ideological or philosophical positions. Yet the Indian woman's concern was more about retaining her own style of behavior than about losing her femininity. This concern about femininity was noted to be quite variable from one profession to another. For example, the teaching profession is very different from the medical profession, which is again different from the social work profession. Fifty years ago a minority woman had to be a "superman" to get through most professional courses (Wilson, 1974), with the possible exception of those at Howard and similar minority schools. Women who went through medical school even as late as the 1960s also reflect some of those masculine traits, especially with respect to assertiveness and aggression. Assertiveness, however, is no longer considered a "masculine" characteristic, but a human one. Therefore, what is meant by losing femininity has changed and needs to be redefined.

The conference participants noted that men are often more concerned about the sexual identity of minority professional women than are the women themselves. Women can be personally confident about whether or not they themselves are feminine, independent of the way they dress or wear their hair. What women seem most concerned about is the inability to find a mate. This concern might be viewed as an echo of the concern men have about women losing their femininity as they become professionals.

Sexuality is sometimes used to handle situations with majority men, and the flirtation may exploit the myths about minority hypersexuality (Kuramoto 1976). On the other hand, it has been the experience of some minority women that their majority women colleagues can be much more effective with flirtation than black women because the flirting of black women may be ignored by the majority men who see them as neuter. This may possibly occur because they are not seen as acceptable mates.

Distinguishing between racism and sexism was felt by some conference members to be rather difficult in a corporate setting. However, women in corporate institutions are apparently dealing more with racism than with whether or not they are being feminine. Their ethnic community will often raise the issue of the professional losing her racial identity before the professionals consider questioning this in themselves. The community concern stems from both the type of place where the minority professional woman is working and from her place in the hierarchy. The farther she moves up the corporate ladder the more she is seen as moving away from her racial group, and her own racial identification with that group.

Professionals and Their Relationships to Their Community

Extensive discussion was stimulated by the fact that stress was noted in my presentation and Yamauchi's, while none was mentioned by Kidwell in her paper on Native American women. There was speculation on whether the absence of stress among the Indian women was related to their moving back to their historical communities, in contrast to the Asian, black and Chicana women who did experience stress and who were moving away from their communities.

Women in Kidwell's sample were younger and had a very strong support system, including a nurturing program administrator within the School of Public Health and various supportive employment positions. Despite this fact, some felt that it was more relevant to look at the relationship of the women to their community, i.e., the closer a minority professional is to her tribal background, the better off she is as a minority woman. Filipinos have been described as a relatively stress-free group and they are both a tribally oriented people as well as a sexually democratic group. Gilkes described black community women, as having little to do with middle-class professionalism in the usual sense. They fulfill a community need as well as a personal need and are inseparably linked to their community. These are the people who are called in a community crisis, and their families and communities are very supportive of their demanding activities. They also are not required to move around the country, since they are resident in the ethnic community which they serve, whereas the traditional professional frequently has obligations to travel and move. Occasionally, community women will be given a political appointment which necessitates their going downtown to work, but even there they are committed to fight whenever an issue arises that is judged politically disadvantageous to their community. Thus these women remain inseparably linked with their community.

Many minority professional women share a very painful sense of distance, which is the result of being estranged from their ethnic community of origin. This isolation may vary between geographic regions within the United States; black women in a bay area university may be more isolated than those in the Washington, D.C. area. Similar variations may be true for Asians and Chicanas.

An additional problem for the educated minority professional women is that she is often seen by her less well educated sisters as "a token" or someone who has "sold out" – there are different phrases for different ethnic groups. In educationally mixed social situations she may find herself attacked with, for example, "Who do you think you are?" or "Isn't it too bad that you can't stay home with your kids?"; she may find herself challenged to prove that she still has her racial identity. This has happened to minority professional women who personally feel very good about their efforts to aid the success and achievement of other minorities.

There is a common sentiment among minorities that if a woman succeeds there must be something wrong with her. It was suggested that it would be helpful if communities viewed minority professional women not as having "sold out" but as the first wave, the second wave or the third wave depending on the group and the generations which have preceded them in this country. It would also be constructive if the minority professionals were presumed to be supportive of all minorities who wish to join them at the professional level. Conference participants expressed the feeling of having more in common with other minority professional women even across racial lines than they did with nonprofessionals of their own ethnicity. The conference itself demonstrated a kind of informal networking across racial and cultural groups.

Another area of difficulty has developed in the last 10 years during which minorities have been brought into university programs as junior faculty. They arrive on campus community-oriented and politically aware, and on meeting the minority women faculty already present, the new faculty members resent these older colleagues although they recognize and need their help and support. The university administration and other senior faculty generally assume a watchful posture; for the minority professional women the position is uniquely stressful because the majority of the newer minority faculty are often men. Those minority professional women who move higher up the academic ladder become more and more alienated.

This panel's discussion also addressed many questions regarding the nature and extent of the responsibility that minority professional women have to their communities. Some conference participants felt that the community has every right to be suspicious of the identity and political positions of minority professionals until the latter prove this is unnecessary, because the whole process of education has to affect minorities in many ways. It was also stated that professional people have disappointed their ethnic communities from a number of standpoints and thus ought to expect to be questioned on their values and plans for the community at large. It was further stated that all minorities ought to be concerned if this kind of challenging does not occur since it ensures joint efforts on behalf of the minority community. The professionals should share information about their activities, share criticisms and suggest cooperative working approaches to the problems. They know from their own experiences that achievement is not easy.

Looking at the problem from another perspective, professionals generally become solidly middle class, and community meetings frequently have a preponderance of minorities present from a lower class status. Yet, there is a peculiar reticence to acknowledge the unique points of view that different social classes produce, especially in the face of the favorite myth of equality and lack of social class in the United States. Although professionals are sometimes embarrassed to establish a middle class group similar to the one attending this conference, there may be need for such groups to define valid standards for giving back to the community, and to be accountable to them. A professional is severely stressed by having her integrity and her credibility continually in question, as it was for blacks in the attacks on the "Bougies" (middle class) in the 1960s; as it is when faculty members who work extremely hard for the benefits of black students on campus still are called "Uncle Toms." The core of the problem was perhaps summarized in the conference that minority professional women feel although they are people who have no power, they are suddenly being used as a bridge to the power.

A third perspective on this topic came from a traditional Indian community, where people were described as middle class, not materially with respect to cars and homes, but in values and behavior such as honesty, solidarity and dependability. The difficulties in this community occur with people who are at the margins of the reservations or the cities. Each tribal community is a relatively unified one. Although the education and acculturation process of becoming a professional produces symbolic differences, it does not influence social class. Dialect is a regional indicator, not a social class indicator. However, there are pressures, for example, on an Indian attorney returning to the reservation, who is expected to take all family cases to court. These pressures are common to other ethnic groups – and perhaps no different for successful leaders anywhere.

Class differences were noted in another perspective as not necessarily interfering with cooperative action by professionals and communities. In the black community (Blackwell, 1975) middle class can mean bourgeois, i.e., an elite that does not have the wealth to act like an elite. In Gilke's study of community workers, the women were always well dressed and had middle class cars; in at least one instance, it was procured for the individual by the community. These women also had little difficulty in dealing with whites. In addition, minority professionals are members of occupations having national organizations, which have done effective work on behalf of the black community. For example, the National Association of Black Social Workers consistently opposed the practice of transracial adoption. This opposition continued until the adoption agencies lowered the economic standards sufficiently to allow black families, including single professional black women, to adopt.

Minority Professional Women's Group Identity

There was controversy in the area of group identification. A recurring theme emerged regarding the relationship of professionals to their ethnic communities. There was serious concern that a homogeneous group of professional women who defined their own standards for community contributions might not adequately take into account the spectrum of needs of that community.

Yet there was unshakeable opinion that at some point an individual needs to have psychological comfort around a self-definition. The individual also needs self-definition that is not simply exclusive of other groups, for example, on the basis of race. It has been the history of minority people to be defined from the outside by others who are not members of their group; that process needs to be reversed so that the groups can define themselves from within. The dangers obviously include an exclusionary definition, and enhanced stratification, but these pitfalls are clearly signalled in ways that minority professional women will find hard to ignore considering the similar difficulties they themselves have encountered as they achieved their professional standing.

It would be a mistake to assume that the minority communities are intolerant of those who are different from themselves. A number of professionals have found that they have indeed been tested by an ethnic community, but that it was not necessary to change their speech, or dress in order for others to perceive and appreciate their mutual political concerns. Perhaps the difficulty lies with the professionals who are unwilling to give the community at large enough credit for sophistication that can see through symbols.

There was recognition of the need to respect each individual's right to play different roles, each choosing one she feels most competent to play, and diversifying the professional group as a result. A competent performance in her particular employment may be as valuable a contribution to her ethnic community as the more obvious "front line" fighting which requires special talents. When these alternatives are not accorded equal respect one has the tragedies we have seen on the campuses since the 1960s, namely young professors brought in, not obtaining tenure because they spend years "proving" themselves to the students and the community, leaving insufficient time to complete academic requirements. Although sometimes merit will be recognized for its own sake, other times merit will be overlooked because it does not immediately or directly provide something that is needed by others.

It was recognized finally that there is no prototype for the minority woman professional, and that there are very few models. A working definition could be derived by observing the range of people attending the conference. The literature certainly does not provide one.

Federal Support and its Consequences

There was some discussion of the source of the financial support for the project described by Kidwell. In the past eight years it has been funded by a number of agencies including the United States Public Health Service and Office of Economic Opportunity, but never by the Bureau of Indian Affairs. Unlike the National Health Service Corps, it is not required that the graduates serve some time in their community of origin. However, such programs do provide an opportunity for Indian women to fulfill professional careers and do stimulate some sense of commitment and service to their own community.

The less beneficial aspect of such funding is that it channels people into particular professions because the funding is available and it is therefore restrictive. Kidwell indicated that eight out of ten women said that they would not have chosen careers in health if it had not been for this particular program being funded.

It is not clear who makes these decisions about which programs are offered to Native Americans. Although Indians can lobby, the Bureau of Indian Affairs was not viewed by most conference participants as a very effective advocate for Indians within the various areas of the federal government.

Comparisons of Minority Men and Women Professionals

In Kidwell's study there was considerable similarity between the Native American men and women graduates of the program, most of whom chose to return to their communities. There were, however, some differences in perseverance noted among the black men and women professionals in the academic setting. In the past it was felt that the black women had to prove themselves tenfold more than the black men, but that they also were willing to do it. The black men have been observed by women colleagues to leave such stressful situations, saying "I don't need this."

Two explanations were offered for the differences in minority men and women professionals. One was that the women had long ago dealt with the difficulties of a duality between their profession and their family role; thus, adding the dimension of dealing with another culture was not such a major change. The second explanation was that there was a sudden surplus of opportunities for men to be moved into high administrative positions in the 1960s as a result of the Civil Rights movement, and while the women felt that they did not have as many choices, and thus tended to perservere longer with the presently available opportunity.

All the perspectives presented in this paper on being a minority professional woman were highly personal. They are based on small group studies of women. Collectively, their views and knowledge provide a unique conceptual framework for the emotional, psychological, professional and sociological costs paid by minority professional women in the United States today.

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VII.

RECOMMENDATIONS AND RESEARCH ISSUES

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Summary of Recommendation Session of Conference
on
The Minority Woman in America: Professionalism at What Cost?
University of California, San Francisco
March, 1979

RECOMMENDATIONS AND RESEARCH ISSUES

Cecilia Preciado Burciaga

Moderators: J. Herman Blake
Cecilia Preciado Burciaga

Panelists: Vicki Alexander
Price Cobbs
A. Cherrie Epps
Loma K. Flowers
Jack D. Forbes
Eleanor Ison-Franklin
Yolanda Scott George
Jewelle Taylor Gibbs
Cheryl Townsend Gilkes
Asa Hilliard, III
Clara Sue Kidwell
Marcia Elaine Lash
Frances Fludd Saunders
Betty M. Vetter

RECOMMENDATIONS AND RESEARCH ISSUES

Cecilia Preciado Burciaga

Policy Level Recommendations for Federal and State Funding Agencies

1. Conferences such as this, which enable minority women to meet across cultural and geographic distances, must be further promoted and the findings of such conferences should be disseminated to relevant institutions and organizations in consistent and systematic ways. We also recommend that the conferences be videotaped in the future so that college and university faculty may use tapes for class discussions and for purposes of role-model identification.

2. Programs should be funded that are specifically designated for minority women, not only for minorities or women. Past examples serve to demonstrate that it has been ineffective to superficially attempt to incorporate the needs and strengths of minority women into programs aimed generally at women or minority participants. Women's programs have demonstrated insufficient outreach and sensitivity to minority women, and minority programs frequently have neither equitable recruitment nor equitable inclusion of minority women.

3. Development and dissemination of accurate data and information should be a higher priority to preclude misuse of statistical information on minority populations. (A) Current methodology for the collection of data is faulty because of the inconsistent ways in which data are gathered. The practice of "self-identification" is often inconclusive because of the minority community's concerns about the political use and misuse of data. Thus, there is often a refusal to cooperate with data-gathering attempts. Self-identification is subject to dishonest or opportunistic claims of minority status in order to benefit from the few programs funded for minorities. The practice of "visual identification" or observation is also suspect because often the identifier has no special training to arrive at a precise coding of different ethnic individuals. (B) The current data on minorities in this country are both inaccurate for the populations as a whole and incomplete because they exclude specific information on minority women in particular. First, consensus must be reached on the basic minority group definitions. The current categories of black, Hispanic, Asian, American Indian, and white do not take into account the vast social and political differences within each category. This is particularly true of Hispanic, Asian, and American Indian populations. Second, all data must be collected to include not only racial and ethnic information but also include categorizing by sex. Most studies do not include minority separations by sex; thus, there is no data base on which to base arguments for priority funding of minority womens programs. Third, federal and state agencies, such as the Office for Civil Rights, mandated to collect statistical information, should disseminate the compiled data in a series of comprehensive reports. Collection of data is of little value if the information cannot be used by individuals and agencies interested in civil rights and compliance issues. Fourth, since most data collections are based on sample populations, sampling techniques should include "over sampling" of small populations, such as minority women professionals.

4. Programs funded at the federal and state levels must be targeted to avoid additional dissipation of energies among ethnic minority populations who are forced to view a small amount of funds in a competitive manner among themselves. Separate task forces for various minority groups have, as a whole, proven detrimental to unification across minority people. This conference served to highlight common grounds, rather than differences, among minority women professionals and we recommend that such meetings continue to be funded.

5. Recognition and high-level support should be provided for further training and enhancement of folk medicine professionals, such as American Indian medicine women, Chicana curanderas and hechideras, traditional midwives, and Asian and black herbalists.

Recommendations for Research Studies

Research on the following issues must be viewed by traditional academe as legitimate and academically acceptable topics for minority researchers to investigate and report for publication:

1. Identify strengths, successful adaptive strategies, and coping skills that minority women use in order to operate effectively within various professional settings. For example, what are the unique skills that minority women have employed in the negotiation of complex bureaucratic settings, in the multiple roles as wives, mothers, community workers, and as professionals in health and other careers? Past studies have been based on the deficit model and have tended to blame the victim in lieu of investigating the deficits of the institutions themselves. We must begin to identify the positive coping strategies and motivational factors that have allowed minority women to live and compete in a predominantly white society facing racism, sexism, and a third kind of minority status as professional women within a minority group.

2. Identify the social and psychological costs that minority women pay when they become acculturated into the dominant society or enter into an institution of higher education. Research is needed on whether or not the educational process significantly changes the minority women (or in identifying the ways in which a minority woman might be uniquely different to begin with). For example, how does an American Indian woman from a reservation background cope in a higher education setting in a way that is different from that of an American Indian woman raised outside of a reservation?

3. Identify and articulate how and why the basic values of American higher education institution *may be* particularly deleterious to the social and professional growth of minority women. These values permeate every aspect of the educational setting. Research must begin to identify basic value conflicts in order to improve the conceptualization and delivery of student services.

4. Identify and publicize model programs which have enhanced the training process and the development of minority women professionals in health care and health care delivery. Research is needed to define "if" and "how" a person might perform in a more positive way after having gone through these programs.

5. Identify the social and psychological dynamics involved in the higher education teaching process. For example, if one of the goals of teaching is to create student replicas of professors, these goals will be particularly inappropriate and impossible for minority students who may have values and strengths different from majority faculty.

6. Undertake research on the nature and effects of oppression. Insights are needed on why people become oppressors, and how oppressive systems develop and maintain themselves. Is there a relationship between the oppression of children and that of women? Is there a pathological relationship among the various kinds of oppression? What are the origins of sexism, which must be viewed as a form of oppression?

7. Research the various models by which minority women professionals can actualize their commitment and responsibility to minority community concerns. Such findings must be publicized because there is a sense that young minority women choose not to follow professional development for fear of being unable to relate to their minority community, or for lack of knowledge of how a profession ties into community issues.

Recommendations for Higher Education

1. Academic acceptance must be given to minority men and minority women scholars who wish to pursue applied research interests related to their concerns and to publish research results in journals that are currently considered "nontraditional" by university promotion and tenure review committees. We strongly defend the right of academic freedom and cultural integrity for minority scholars as a whole and minority women scholars in particular. Universities have long employed a double standard in the acceptance and legitimization of who does research on minorities and women. White males have been allowed to study any issue related to minorities and women while minority male and female scholars have been discouraged from such studies because of claims that they would be nonobjective in their research conclusions.

2. A greater number of minority men and minority women faculty must be added to university teaching staffs. The few minority faculty members face inordinate pressure to be responsible to ethnic undergraduate and graduate students as well as to local, state, and national constituencies.

3. A greater number of policy-level minority academic administrators must be added to university staffs with the understanding that they have some flexibility and skill to serve as additional sources of support for minority graduate students, thus increasing the chances of survival for minority faculty.

4. Graduate programs should stress importance of and facilitate an apprenticeship or mentorship strategy. Minority women graduate students should be encouraged to align themselves with a faculty member or group involved in ongoing research. This support network will facilitate publication potential and provide the students with emotional, social, and academic assistance.

Recommendations to Ethnic Minority Communities

This section of recommendations is aimed at the third world audience with the understanding that our first concern should be that of building the "third world" concept into a reality. This conference served to prove that mistrust among ethnic minority communities and ethnic minority women professionals can and must be lessened. We further underscore that no solutions to individual problems can be achieved without coalitions among multi-ethnic communities.

1. Male and female relationship discussions should be fostered within ethnic group settings. Minority women and men must begin to talk together in order to understand each other's point of view.

2. Minority women must begin to force dialogue in intercultural settings in order to insure less distance among minority women professionals. In addition, minority women must work with majority women (on guard) to insure that ethnic women's concerns become an integral force within the larger women's movement.

3. Ethnic minorities must begin to find organized ways of sustaining and guaranteeing attention to the issues of leadership, self-support, and networking. There is a demonstrated history of the vulnerability to, and dependency on, externally funded programs. We must be concerned about self-determination, self-support, individual commitment, and a clear sense of direction and leadership in our organizations.

4. Minority women must begin to build and share greater networks and understand how we can use already existing programs for our own concerns. There is a need for establishing a clearinghouse of information among all of the special minority caucuses that already exist within professional organizations and associations. Ethnic minority women's organizations should begin meeting together to arrive at a consensus about working on common issues.

VIII.

DIRECTIONS IN NATIONAL HEALTH POLICY: IMPLICATIONS FOR THE PARTICIPATION OF MINORITY WOMEN IN MEDICINE

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DIRECTIONS IN NATIONAL HEALTH POLICY: IMPLICATIONS FOR THE PARTICIPATION OF MINORITY WOMEN IN MEDICINE

Gleoria Bradley-Sapp

In recent years the number of professionals and administrators on college and university faculties, in private industry and hospitals and clinics has increased rapidly; yet minorities in general and minority women in particular are not represented to any significant extent. The psychological costs to women were discussed during this conference (Flowers, 1979).

This paper examines projected U.S. health manpower needs over the next decade and analyzes the effectiveness of recent efforts to increase the participation of minority women in the profession of medicine. By examining current federal policies in relation to minority women's cultural values, one can predict how minority women's actual participation in the health field is likely to increase or decrease in the future.

Minority Group Status and Medicine

Hutchins, Reitman and Klaub (1967) reported on the minority group status of blacks and women in *Minorities, Manpower and Medicine*, applying the following definition of minority group status to both groups:

> *A group of people who because of their physical or cultural characteristics are singled out from the others in the society in which they live for differential and unequal treatment.*
>
> *Minority group status carries with it the exclusion from full participation in the life of the society. While minorities more often than not stand in a relationship of conflict with the dominant group, it is their nonparticipation in the life of the larger society that more particularly marks them as a minority people and perpetuates their status as such.*

Hutchins and others noted that the conflict between societal roles and aspirations for a profession was a constraint to women's participation in medicine. For blacks, inadequate preparation and racial discrimination were constraints to their participation in medical careers.

Minority Enrollment in Medical Schools

Efforts to increase the representation of women students in medical school began in 1966. Women at that time constituted 9 percent of the first-year medical school class (Spieler, 1977). During 1967, a survey of 101 medical schools in the U.S. was conducted to determine efforts to increase minority-group representation (Jarecky, 1967). Sixty-six schools responded that no special efforts were made to stimulate an increase inapplications from racial minority group members. In fact, approximately one-third of the schools anticipated that in the fall class of 1968 no blacks would attend. (Thus it could be assumed that the number for all minorities would have been zero.) While 133 black students could be expected to enter 66 predominately white medical schools, the remaining 155 of the 282 expected blacks would probably enroll in the two predominantly black institutions. Seventy-six schools responded that there were no racial minority members on their admission committees (Jarecky, 1967).

In 1968, predominantly black colleges were educating black students for medical careers to a greater extent than were predominantly white medical schools. Ison-Franklin (1979) offers insight into the supportive atmosphere at Howard University for black female students. The limited responsibility of predominantly white institutions was characterized by Jarecky in the following statement from faculty and illustrates what Jarecky termed "passive receptivity":

> *If the numbers of minorities were small it was because the schools and colleges had not yet developed greater numbers of minority students as qualified applicants to meet the established standards for admission to medical school. When the schools and colleges enlarged the pool of prepared and highly qualified applicants they would be favorably received by the medical school (Odegaard, 1977).*

In 1969, the American Association of Medical Colleges (AAMC) funded and staffed an Office of Minority Affairs to identify, recruit and assist with placement of minority groups in medical schools. This represented positive action from predominantly white medical institutions to increase the number of racial minorities in medical training (Odegaard, 1977). In 1970, a task force under the Office of Minority Affairs produced a report *Expanding Educational Opportunities in Medicine for Black and Other Minority Students,* which showed that the percentage of black physicians remained the same as that reported twelve years earlier by Reitzes, who had documented that while the black population represented 5 percent of the U.S. population, black physicians constituted only 2.2 percent of the nation's doctors (Odegaard, 1977). The AAMC task force reported that although the U.S. black population had increased to about 12 percent, the 2.2 percent representation of black doctors persisted (Nelson, Bird & Rogers, 1970).

The disturbing implications of black physician underrepresentation in health care among blacks led the AAMC task force to set as its long-term goal the reduction or elimination of inequitable barriers and constraints that kept the racial minority representation in the medical profession much lower than their representation in the U.S. population. An increase in minority representation in U.S. medical schools from 2.8 percent in 1970 to 12 percent, or 1,800 entering students, by 1975 was the short-term goal of the AAMC (Nelson et al., 1970). Prieto (1979) stated that if American Indians, Mexican Americans and mainland Puerto Rican people had been taken into account in setting the goal for minority representation, a more comprehensive goal would have been 17 percent total minority representation, by 1975. Nevertheless, three factors were found to be essential if the short-range goal was to be achieved. These factors were monetary assistance to finance education, efforts to retain students after they were admitted and efforts to recruit more entering students (Nelson et al., 1970).

As efforts were made to increase the representation of minority students, minority students were encountering problems. Reitzes and Elkhanialy (1974) assessed the problems of two groups of black medical students: graduates prior to 1970 and students who had attended medical school from 1971 through 1974. The former group had attended predominantly black training institutions. Members of both groups received National Medical fellowships to finance their medical school education.

In their comparative assessment study, Reitzes and Elkhanialy reported that students stated there was no particular person influential in their personal decision to enter medical school. This response occurred even though the AAMC had begun minority recruitment efforts. The younger students, to a larger degree, decided during their last two years of college, to enter medical school, although a large percentage in both study groups decided before attending high school. Thirty-three percent of the younger students received financial support from the medical school while only 9.7 percent of the older students (who attended medical school before positive efforts) received support from family members. A higher proportion of these students received veteran benefits, while students enrolled after positive efforts began utilized bank loans and personal savings.

The most serious problem which affected students who attended after positive efforts began was the adjustment to the academic environment of medical school. While 20 percent stated that they received help from professors and advisers, 48 percent responded that they had no help. Seventy-eight percent coped with their problems through individual personal adjustment. Less than 2 percent stated that programs designed for minority students were helpful to them in resolving problems encountered during medical school. Sixty percent of students attending medical school during 1971-1974 reported that they experienced discrimination in predominantly white medical schools compared to only 49 percent of students graduating prior to 1970. Of those who attended predominantly black medical schools, 11 percent reported discrimination compared to 7 percent who attended during the era of passive receptivity (Reitzes and Elkhanialy, 1974). Interestingly, this perception was experienced even after the black student population in medical schools increased and racial discriminatory practices were considerably reduced.

Wellington and Montero (1978) noted that the representation of minority group students in medical schools had increased from 2,474 in 1968 to 3,973 in 1974. In a study designed to explain this increase, they found that while the aim of enhancing professional services to underpriveleged communities was of relatively high importance to medical school administrators, the goal of increasing training opportunities leading to the M.D. degree was more important. The difficult academic adjustment experienced by black students might be explained because of the disparity with their personal goals of service in the black community (Reitzes, Elkhanialy, 1974). Eighty-four schools reported minority participation on admission committees and 75 percent had modified admission criteria to increase the minority representation in their student bodies.

Program administrators' self-evaluation regarding effectiveness of special programs for minorities revealed that while the recruitment of students was rated successful by a large majority, a large majority also noted that recruitment efforts for faculty and administrators had failed (Wellington and Montero, 1978).

Many factors caused the increase of numbers of students, e.g., the 1954 Brown vs. Board of Education case, the civil rights movement and the assassination of Dr. Martin Luther King, Jr. But the best correlation between established programs and schools with an increased proportion of minority students was related to the existence of modified admission procedures.

The American Association of Medical Colleges' equal opportunity programs in academic and psychological counseling, tutoring and financial aid were designed to produce a 12 percent representation of minority students by 1975-76. Despite these efforts the goal was not achieved. Odegaard (1977) wrote:

> *The proposal of the Task Force Report of 1970 that U.S. medical schools reach 1,800 entering medical students by 1975-76 may have been an overly optimistic target for a five-year increase, but the total 1975-76 minority first-year enrollment was 1,391 or 9.1 percent of the total first-year enrollments.*

By 1975, women represented 23.8 percent of entering medical school students whereas minority group students represented only 9.1 percent (Speiler, 1977). While the annual proportion of minorities in medical school has remained relatively constant since 1975, women as a group represent the most rapidly growing segment of the medical school population (Ackerman, 1978). In 1977-78, white women represented about 20 percent of white medical students; minority women represented 33 percent of minority medical school students. Thus an implication for minority women in medicine may be that their increased representation is due to the combined effects of efforts aimed at increasing the numbers of women and of minorities in medical schools.

In 1977-78, 13.2 percent of first-year enrollments of minority women included blacks, American Indians or Alaskan natives, Asians or Pacific Islanders, commonwealth mainland Puerto Ricans and Mexican Americans/Chicanos. Five percent of women were either Asian or Pacific Islanders, mainland Puerto Ricans or other Hispanics. The remainder, 80.2 percent of women students, were white. These figures show that medical schools have begun to collect data by race as well as sex, although refinement in categories is necessary. (see section III and the recommendations section of these proceedings for more information on data collection.)

TABLE 1
First-Year and Total Enrollments in U.S. Medical Schools, 1977-78 (Medical Schools N = 120)*

Citizenship/Ethnicity	*First-Year Enrollments*						*Total Enrollments*					
	Total		Men		Women		Total		Men		Women	
	No.	Percentage	No.	Percentage	No.	Percentage	No.	Percentage	No.	Percentage	No.	Percentage
U.S. Citizens												
White	13,732	85.1	10,420	86.8	3,312	80.2	51,974	86.6	40,342	88.0	11,632	81.8
Underrepresented U.S. Minorities												
Black	1,085	6.7	642	5.3	443	10.7	3,587	6.0	2,216	4.8	1,371	9.6
American Indian or Alaskan native	51	.3	36	.3	15	.4	201	.3	146	.3	55	.4
Mexican American/ Chicano	246	1.5	180	1.5	66	1.6	331	1.4	642	1.4	189	1.3
Puerto Rican (Mainland)	68	.4	45	.4	23	.5	261	.4	172	.4	89	.6
(Subtotal)	1,450	9.0	903	7.5	547	13.2	4,880	8.1	3,176	6.9	1,704	11.9
Other U.S. Students												
Asian or Pacific Islander	395	2.4	280	2.3	115	2.8	1,422	2.4	1,005	2.2	417	2.9
Puerto Rican (Commonwealth)	144	.9	91	.8	53	1.3	532	.9	366	.8	166	1.2
Other Hispanic	157	1.0	114	.9	43	1.0	426	.7	327	.7	99	.7
Subtotal	696	4.3	485	4.0	211	5.1	2,380	4.0	1,698	3.7	682	4.8
Foreign Students												
Non-U.S. Black	73	.5	54	.4	19	.4	246	.4	179	.4	67	.5
Other	185	1.1	144	1.2	41	1.0	559	.9	426	.9	133	.9
Subtotal	258	1.6	198	1.6	60	1.4	805	1.3	605	1.3	200	1.4
All Students												
Total	16,136	100.0	12,006	100.0	4,130	100.0	60,039	100.0	45,821	100.0	14,218	100.0
Row Percentage by Sex		100.0		74.4		25.6		100.0		76.3		23.7

*Excludes data on Marshall University in West Virginia and the Catholic University of Puerto Rico, which admitted their first students in January 1978 with a combined total enrollment of 50 freshmen.

Ackerman, M.F. Medical student enrollments 1973-74 through 1977-78. JME, 1978, *53*, 367-369.

By 1978-79 the percentage of entering minority students had stabilized to about 8.8 percent. There is speculation that by 1990, the number of applicants to medical school will decrease from 40,600 in 1978 to 30,000 (McRae, 1978). This projected drop is explained by fewer male applicants and a smaller number of repeat applicants. The proposed emphasis in primary care in medical education during the next decade may influence selection among those applicants who have commitment to direct care. The projected decrease in the number of male applicants might have some relation to their declining interest in primary care.

McRae (1978) predicts that the number of female applicants will remain approximately the same. This has implications for minority women's future participation in medical education because of their high representation among minority students, their historical appeal for medical careers and the future direction which medical education will take in response to changing societal needs.

Effect of Changing National Health Policy on Minority Women's Representation in Medicine

Recent shifts in health systems policy may have a significant effect on minority participation in medicine. Joseph A. Califano, former secretary of the U.S. Department of Health, Education and Welfare, outlined four tenets of national policy for the decades of 1980 and 1990 in his address to the 1978 annual meeting of the AAMC. The tenets, which reflect a shift in federal attitudes toward unbridled and fragmented growth in the health professions, are based on the need to contain the soaring costs of health care. To save a projected one trillion dollar expenditure (which represents 12 percent of the gross national product by the year 2000) Califano proposed changes in health manpower policy, and increased cooperation between medical educators and government to solve specific dilemmas:

1. Demographic changes need to be reflected in more creative government policies and in innovative medical school curricula. The demographic, social and economic changes in the United States are such that they have implications for future health care delivery. These societal changes will make it necessary for medical schools to take a more active role in making future physicians aware of the dramatic impact of social changes on needs and practice.

2. Government strategies will be such that government incentives will be realigned towara primary care; the reduction of medical school student bodies will be encouraged; and funds for the construction of new medical training facilities will be limited. Unless directions are changed there will be an oversupply of physicians in the next decade. Due to the supply and demand law of medicine, where physicians, not patients, determine the cost of health care, this oversupply could cause health care costs to increase.

3. To heighten the appeal of primary care, government formulas will be reviewed to support more programs and residencies stressing primary care. The medical education system will play a large role in shifting training emphasis from academic research to direct primary care. There are too many physicians who are specialists and subspecialists and a corresponding decline in the proportion of primary care physicians.

4. Federal efforts will aim toward increasing the size of the National Health Services Corps. Medical institutions will also play an important role in directing students to practice in areas where health manpower is limited as well as inform students of opportunities in the National Health Services Corps. While there is a limited proportion of primary care doctors, current practicing physicians are geographically maldistributed.

Training and Curricula

To assess the implications of these tenets as they apply to the participation of minority women, the following offers an analysis of demographic changes and the relation to medical school curriculum.

The U.S. is undergoing changes in terms of the age and the color of its citizens. The number of seniors has grown and will continue to grow, necessitating an increase in the delivery of chronic care services. The number of ethnic minority people is rising. For example, it is projected that by 1990 California will be the first Third World state. The number of Hispanic people in California has grown so that they now represent the major minority group. Although nationwide blacks constitute the largest minority group, they have become the second largest minority in the state of California.

As mental health care becomes an increasing part of the health delivery system, it becomes increasingly important to have well-trained professionals sensitive to the emotional needs of minority cultures. Consumer concerns regarding medical ethics, access, and quality of care will increase citizens' involvement and participation in health delivery decision-making.

There is a dearth of texts and materials which address the cultural diversity and behaviors of people in the United States, particularly as they effect nutrition, disease prevention, mental health and geriatric care in medical school curricula. This was illustrated by Wyatt, Bass & Powell (1978) who surveyed the inclusion of ethnic and sociocultural courses in the curricula of 133 medical schools in 1967-77. They found that only 15 medical schools, notably those schools with the highest percentages of minority students enrolled, offered formal ethnic and sociocultural courses. The researchers noted that barriers to effective and efficient health care service lie not only in manpower limitations but also in ignorance about minority groups among health care providers. Wyatt, Bass and Powell note that a critical factor in a school's decision to incorporate an ethnic and sociocultural course is the availability, knowledge and experience of the staff. Noting the limited rate of graduating minority students, they correctly predict that the supply of minority group physicians who are qualified and motivated to teach ethnic and sociocultural courses will remain limited.

Thus, a high priority for future national health policy should be to increase the number of minority faculty who are trained to teach the sociological, anthropological and economic aspects of health care. This increase in minority faculty will relate to the increased numbers of minority students enrolled in medical school and the commitment of medical training institutions to include courses of this nature in their curricula.

Primary Care and Underserved Areas

The proposal that the number of primary care physicians be increased has interesting implications for future minority physicians, minority women in particular. Minority students in medical school have more often than not come from health manpower shortage areas. These students have generally wished to return to their communities. Lash (1979) and Kidwell (1979) described how black nurses and Native American female public health workers, respectively, desired to return to their communities after professional training. Montoya, Hayes-Bautista, Gonzales and Smeloff (1978) note that Chicano dental students, upon completion of their degrees, returned to their "communities" to practice.

Many nonminority students have demonstrated a lack of commitment to serving health manpower shortage areas, and have not had adequate training specific to the health behaviors and needs of black, Chicano, and Native American and Asian people. This raises serious questions regarding their adaptability as physicians in underserved areas.

"Cultural Shock" is an apt description of the response of many medical students who, upon completing medical training without prior exposure to community medical practice, begin to practice in health manpower shortage areas. They often find this experience stressful and leave to practice in less stressful areas (Josiah Macy Jr. Foundation, 1972).

Minority students historically have pursued professional careers involving direct service (Saunders & Stroud, 1979; Kidwell, 1979; & Lash, 1979). In a summary report prepared by the Josiah Macy Jr. Foundation (1972), it was noted that white male students, who dominated the medical school population, were mainly student-scientists, interested in academic research and secondary and tertiary care. The majority of minority students, on the other hand, were student-practitioners interested in practice. Among women, the majority were characterized as student-psychiatrists and a sizable number of student-practitioners. The future direction of medicine toward direct primary care should provide an avenue through which the career aims of minority women can be realized.

In California, the primary care physician – community ratio for individuals with Spanish surnames is 1:21, 245; for blacks 1:4, 027; and for Native Americans 1:7,539. The median ratio for the state is 1:1,301. For Anglos, the primary care physician – community ratio is 1:990 (Rodriguez and Montoya, 1978). The California example reflects the situation of minority physicians in the United States; there is no oversupply of minority physicians in terms of the communities which they serve.

Construction of Medical Training Institutions

While the above policy recommendations appear promising, obtaining funds for the construction of ethnic medical schools may prove difficult. For example, a study group comprised of members of several Native American organizations representing traditional Indian medicine, medical students and medical educators recommended construction of a Native American medical training institution. According to an article in *Health Pathways*, "Rejection of Med School," Califano, the former secretary of HEW responded:
School," Califano, the former secretary of HEW responded:

> *While I am deeply committed to increasing the number of Indian health services, I do not support the establishment of an American Indian School of Medicine . . . the nation already has more than sufficient capacity to train doctors, and that increased Indian representation in the medical profession should come from bringing Indians and other minority students into the mainstream of medical education and practice rather than the construction of another medical school.*

However, advocates of the venture to establish an American Indian School of Medicine on a Navajo reservation are continuing their efforts in spite of the lack of federal support.

The limitation of funds for the construction of additional training institutions and policies reducing medical school enrollments might have an adverse effect on the numbers of minority students who begin medical training. The projected overall decrease in applications to medical schools may have a positive effect by increasing the actual enrollment of minority students who are amenable to serving in underserved areas and practicing primary care.

Summary

The need for institutions, curricula, faculty and programs sensitive to the career goals and culture of minority women and men was confirmed by participants at the conference "The Minority Woman in America: Professionalism at What Cost?" A supportive environment, accessibility of role models and extension of the ethnic community were areas which participants cited as key in reducing the costs of professional training for minority students. The freedom and recognition for minority professionals to conduct research and publish articles about ethnic concerns were also regarded as essential. The mainstream institutions are not viewed as places which provide these needs.

Future opportunities in medicine and the four national health manpower policy tenets are compatible with career aims in direct care, practice in underserved communities and with curricula inclusive of the biosocial aspects of health and medicine. The successful achievement of these goals has positive implications for the increased participation of black, Asian, Chicano and Native American people and for ethnic minority women in particular. Dr. Vicki Alexander poses some thought-provoking questions, however, by asking:

> *Should minority women – or any minorities – be trained to participate in and perpetuate a system that is oppressive and stifling to their creative multi-ethnic, multicultural background? Should minority women be trained to work in a system that ultimately exploits their peoples? Or should they be trained to function within the system by constantly working to transform it?*

The proceedings of this conference reiterate many of the conflicts experienced by minority women during their training and as working professionals in a society which denigrates them in terms of race, sex and class. Though the data on minority women are conflicting and point to a continuing need to reevaluate the nature of professions, the tenets of future health professional policy appear to provide an opportunity for minority women to function within the social systems and to help transform policy to benefit ethnic minority cultural values. As minority women continue to enter and move up in the health professions, their increased participation will have profound effects on national health policy.

Conference participants agreed that minority women must build and share more extensive support networks and begin to meet together to work on common issues (Burciaga, 1979).

> *Minority women who have gained positions are usually overworked and overutilized on committees as advisors and as spokespersons for all issues affecting minorities, thus allowing insufficient time for the pursuit of their personal goals, professional interests, research or writing . . . minority professional women have always had an extraordinary resilence and commitment to their career goals in order to overcome barriers and obstacles, these characteristics have not been without costs (Epps, 1979).*

As changes occur in American society in the next two decades, the number of minority women medical students will increase, creating a need for role models to facilitate the academic adjustment to graduate and undergraduate training. In the absence of sufficient professional role models, it is hoped that the cultural heritage, the family and a supportive community will help minimize the costs of professionalism for women who are in the vanguard.

To paraphrase Wilkerson (1979), the personal and historical legacy of Third World people has presented some models, lessons, knowledge and options which will help minority women professionals continue to change the system – transforming the costs of professionalism into the creative tension that will help bring a better life for the minority woman professional today and for those minority women professionals of the future.

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IX.

MINORITY—PROFESSIONAL—WOMAN: THE CREATIVE TENSION

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Keynote Address Presented at the Evening Session of Conference
on
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Dr. Wilkerson wishes to acknowledge Charles Sebree, author of "The Dry August", and Alice Walker, author of "In Search of Our Mothers' Gardens: The Creativity of Black Women in the South" from whom she quotes in this paper.

MINORITY--PROFESSIONAL--WOMAN: THE CREATIVE TENSION

by Margaret B. Wilkerson

It is a very special pleasure to be at this conference and to have this unique opportunity to take a careful look at the costs of professionalism for minority women. I am honored to participate in this way. I have been looking forward to this weekend for some time now, and have only praise for Sharon Collins and Gleoria Bradley-Sapp and the staff of the Women in Health Sciences Program who have done such a thorough job of organizing, planning, and implementing this idea. It has certainly met my expectations as I looked for insights which would better inform my efforts on behalf of minority women at Berkeley, and sought information which would assist me in understanding better my own personal and profesisional situation.

In the next few minutes, I would like to address the subject of this conference from a slightly different perspective from most of those presented. Drawing upon my own discipline, literature and theater, and my personal experience and observations, I wish to frame some of our questions in a different context. Although my examples will be from black literature, the implications for Chicanas, Native Americans, and Asian Americans will be evident.

In reading the conference papers and anticipating today's discussions, I was reminded of a rather symbolic play, *The Dry August* by Charles Sebree, which is about the aspirations and dreams of a young black girl named Teddy. Teddy lives on a small subsistence farm in Kentucky with her mother, Anna, who is a domestic in the home of a wealthy white woman named Mrs. Patterson. Teddy's mother, of course, works for less than menial wages, out of which Mrs. Patterson deducts the cost of any cups or saucers she accidentally breaks or any other needed repairs that she attributes to Anna's "carelessness." While her mother is away at work, Teddy spends much of her time daydreaming about the big cities she has never seen but only heard about – Detroit, Chicago – and the "styling" Negroes who live it up on State Street and other urban "paradises." During the course of the play, a Mr. D (which stands either for Devil or Dreams or both) appears on the scene and offers Teddy the chance to live for a short time the dream that is in her heart. And so Teddy asks him to make real the only thing she knows to wish for from the social pages of the local newspapers – a fancy tea party which is attended by Mrs. Patterson and three local well-off white girls. In this fantasy, Teddy and her company chat about the things society women supposedly chat about – the merits of Teddy's china – only the best, Spode and Haviland – and the quality of their help or servants. Mr. D, incidentally, plays Teddy's servant in this dream. The other character in this fantasy is a black woman of the world, Bessie Bolt, in real life the Queen of the Blues, who appears in the dream sitting in a tree (it is a very symbolic play). Soon Mrs. Patterson, Teddy, and the three girls play cards, while Bessie sits in the tree kibitizing. Actually Bessie is confined to that tree as punishment for cheating at cards. As the game continues, Bessie catches Mrs. Patterson cheating at cards (not once but several times) and tells Teddy and the girls. After much genteel discussion and some anger shown by one of the white girls, Mrs. Patterson agrees to return the money so that, as Teddy tells her, "We can all be aristocrats again." The fantasy ends and Teddy's mother and a friend, Aunt Matt, return from a visit to a neighbor's. What has Teddy learned from this dream? What impact has it made on her desires? Here are the final lines of the play.

> *Aunt Matt* (speaking to Teddy): Teddy, you going to be mighty pretty when you grow up and fill out some.
>
> *Anna:* I think she will too.
>
> *Aunt Matt:* What you want to be when you grow up? One of them uppity teachers, I guess. And maybe if you don't want to be one of them uppity teachers, you might like to be one of them trained nurses.

Teddy (turns to Aunt Matt): No, I don't want to be no uppity teacher, and I don't want to be no trained nurse.

Anna: Well, Teddy, what do you want to be when you grow up? Last year you wanted to be a beauty operator.

Teddy: I don't want to be no beauty operator.

Aunt Matt: What in God's name is there left to be, beside a houseworker?

Teddy: If I told you what I wanted to be when I grow up, it would throw you both into a fit.

Aunt Matt: I hope it ain't one of them blues singers!

Teddy: When I grow up, I want to be a rich white woman.

Before we shake our heads in dismay, we must ask ourselves – why shouldn't Teddy want to be a rich white woman? What has she seen in that fantasy that would lead her to make that statement? She has seen that Bessie, a talented black singer, has been confined to live in a tree because of her stealing, while Mrs. Patterson, caught at the same crime, is allowed to return the stolen money and to regain her former status. It is her privilege to be forgiven and for the crime to be forgotten. And what career options do her mother and Aunt Matt present to her: domestic, beauty operator, teacher, nurse – none of which appeals to her. So Teddy names the only model which represents her aspirations: Mrs. Patterson, a rich white woman. But let us understand what else Teddy is saying. For this is the same Teddy who, earlier during the dream tea party, boasted to Mrs. Patterson that she, Teddy, pays her servants well because she doesn't believe in working her help for nothing. This is the same Teddy who calls her servant "Mister" because he is worth his weight in gold. It is Teddy who says that she is "changing with the times," and looks Mrs. Patterson in the eye saying, "Can't you feel the times changing? . . . You can even feel it in the air. Just this morning when I got up the leaves were dancing in the wind, and flashing diamonds of dew, seemed like the whole world was bright and happy as a king. Seemed like there was plenty to eat in the whole world, and not a sick person nowhere and everybody had clothes and a fine house to live in, even old colored people. And when you get a feeling like that – things are changing."

Teddy stands at the crossroads that many a minority professional woman faces. She knows what she does not want, but she does not necessarily know the specific terms of her real desires because there are few models. In fact, *she* is often the model. The only image that Teddy has is that of Mrs. Patterson, a rich white woman. Yet Teddy knows enough, has seen her mother suffer enough, has felt the impact of poverty and oppression enough, to know that she does not want to *be* Mrs. Patterson, to perpetuate the system that she represents, but rather wants what Mrs. Patterson *has* (in a symbolic sense) – freedom and opportunity – she wants what her system offers. She also wants to bring its benefits to everyone – even old colored people – to help the times change. But again, she can barely visualize what that means. The tragedy of the situation is that Teddy in her limited world has no other points of reference for her aspirations. Beyond domestics, nurses, beauty operators, and uppity teachers are *what:* rich white women! In some ways at this conference, we have begun to spell out the terms of Teddy's desire, a desire which is fraught with ambivalence. We have begun to look at the costs of such a dream, of being minority, professional, and woman.

What are those costs, as we have described and discussed them today?

Separation from her cultural base and family of origin.

Becoming an advocate for and beneficiary of a system built upon the denigration and exploitation of people like herself.

Separation from or stressful relationships with meaningful others – husbands, lovers, children.

Contradictory demands of profession and community. The professions (outside of community worker occupations) rarely reward community involvement and frequently ignore its validity.

Confusion for the minority woman student amidst a maze of stereotyping, expectations, academic demands, personal desires, and professional demands.

Health and sanity as her energy is sapped in these many arenas of conflict and her sanity wavers as she participates in a psychotic society in which exploitation has a euphemistic cover and domination is considered the norm. Her sanity becomes the deviant in an insane society.

Isolation – because of token status and the role expectation of being spokesperson for all minorities.

Ghettoization with low-status female fields.

Her "invisibility" – institutional denial of her special problems, of her ethnic culture.

Double messages of submission and achievement from within her own cultural group.

The dire consequences which await her when she challenges the presumptions upon which the colonial educational process is built; or when she, as an employed professional, dares to work for change within the institution which oppresses her and her kind.

There are formidable conflicts and questions for her and for us, and especially for the Teddys of this society. No wonder we tend to frame them as *costs*, almost asking whether the price is worth it. I chose the title for this talk very carefully: Minority––Professional––Woman: The Creative Tension. I asked that each word, minority, professional, and woman, be separated by dashes to emphasize the separate demands and requisites of each. The subtitle, "the creative tension," however, is there to suggest a means of linking those seemingly disparate labels and a way of using them for positive ends.

Somewhere in purgatory on our way from hell to paradise (we hope) we linger in a land whose greatest weapon is our acceptance of its terms, of its language, of its norms. Our majority cultural norms would have us use the term "cost" implying an either-or, win-lose situation. I believe, however, that the question, is falsely put. As Aimé Césaire said at the First World Congress of Negro writers in Paris:

> *They demand of us: 'Choose . . . choose between loyalty, and with it backwardness, or progress and rupture.' Our reply is that things are not so simple, that there is no such alternative. That life does not know and does not accept this alternative. Or rather that if this alternative presents itself, it is life that will take care of its transcendence. We say that it is not only black societies that have to face this problem; that in every society there is always an equilibrium, always precarious, always in need of remaking, and in practice always remade by every generation between the new and the old.*

So in the spirit of *Nommo*, the Bantu word with the power to transform, the word as seed dropped into the ear of the hearer, a seed which takes root and later flowers – in the spirit of that Nommo, let us rename, redefine "conflict" and "cost" as the equilibrium of which Césaire speaks, or rather the pull or tension created in and for minority women by their place in the dominant culture and in their subcultures – a tension which can be used creatively, which can be tapped if only to renew our energies and to help us have a vision of what can be. These three parts of the person, minority – professional – woman, may indeed be sources of conflict which exact serious costs, but they may also – and simultaneously – be sources of strength and knowledge.

For example, what can we learn from our mothers? From our other forebears? Have we looked to that legacy – not the famous names, but the countless and nameless predecessors who may not have been professional, but who certainly coped with the same kinds of difficulties we struggle with, and with less education to prepare for it? A few years ago, Alice Walker, black poet and fiction writer, also contributing editor to Ms. magazine, looked for the thread of creativity in black women, searching for the origin of her own artistry. She thought about the many mothers, of the young Teddys, perhaps with her same dreams, but even less possibility of realizing them. So overworked were they, either in their own or someone else's home or in the fields as cotton-picker, migrant worker, or whatever her "work" may have been – nowhere near realizing the dreams in her head. In her search, Alice Walker came upon the memory of her mother's garden, the creativity of her mother which was poured into the growing of flowers, rather than prose, poetry, or painting. There were too many dinners to cook, too many floors to scrub, too many fields to plow, too much mending to do, to allow her the "leisure" arts which might have been Alice's legacy. But she nevertheless passed the spark of creativity on to her daughter, oh so unconsciously, through her gardens and her love for beauty. I look at my own mother and remember her stories about her defiance of her floor boss when she worked in a defense plant during World War II and the many other times she had to fight for her own rights and dignity as a young girl working her way through high school as a domestic. Although I am not a carbon copy of her, her actions offer me a broader range of options in dealing with my own work life. As Alice Walker reminds us:

They were women then,
My mamma's generation
Husky of voice –
Stout of
Step
With fists as well as
Hands
How they battered down
Doors
And ironed
Starched white
Shirts
How they led
Armies
Headragged Generals
Across mined
Fields
Booby-trapped
Ditches
To discover books
Desks
A place for us
How they knew what we
Must *know*
Without knowing a page
Of it
Themselves.

We minority professional women are at the nexus of powerful forces (race, sex, and class), but we are also part of a continuum. In our mother's, our father's, our grandparents' lives – and I daresay in the lives of our various Third World peoples – are some models, some lessons, some knowledge, and options that can help us as minority professional women persist and continue to change the system under which we labor and adapt the culture which has nurtured us. This is not to say that we are superhuman, for we are not. We are very human, very vulnerable. But we are not alone – not unless we insist upon seeing ourselves in that way. And this is also not to minimize the forces which we must counteract. This is merely to say that we have a legacy, that we have resources both personal and historical. That we can transform the costs of professionalism into the creative tension which will help us to bring about a better life for ourselves and for the Teddys who come behind us.

X.

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"THE MINORITY WOMAN IN AMERICA: PROFESSIONALISM AT WHAT COST?"
March 16 – 18, 1979

CONFERENCE EVALUATION

Summary

INSTRUCTIONS: Using the labelled response key, please circle the number which best represents your response to each of the following three areas.

I. CONFERENCE OBJECTIVES

KEY

In your opinion, to what degree have the following objectives been achieved?	Accomplished 4	Almost Achieved 3	Not Quite Met 2	Failed 1
enumeration of costs encountered by the minority woman in becoming a professional	4(14)	3(5)	2(0)	1(0)
prioritization of costs warranting research and action	4(3)	3(7)	2(9)	1(0)
formulation of recommendations to be submitted to HRA:OHRO	4(8)	3(7)	2(3)	1(0)

II. CONFERENCE FORMAT

KEY

	Adequate 4	About Right 3	Too Little 2	Inadequate 1
Time allowed to write conference papers	4(14)	3(1)	2(0)	1(0)
Time allowed to read conference papers	4(10)	3(3)	2(1)	1(0)
Time for moderators and panelists to plan	4(9)	3(5)	2(1)	1(0)
Time for panelists to present key ideas	4(7)	3(7)	2(4)	1(0)
Time for panel discussion:				
PANEL I: The Nature of Professional Training for Minority Women: An Overview	4(10)	3(8)	2(0)	1(0)
PANEL II: Cultural Conflicts in Professional Training	4(8)	3(8)	2(2)	1(0)
PANEL III: Being a Minority Professional Woman	4(8)	3(5)	2(4)	1(0)
Time for group generation of priorities:				
RECOMMENDATIONS to academe	4(3)	3(3)	2(9)	1(0)
ISSUES for further research	4(4)	3(3)	2(9)	1(0)

III. CONFERENCE SUBSTANCE: The goal of this conference has been to assess the factors involved in ethnic women becoming professionals. In your opinion, to what degree did the following activities contribute to this assessment?

KEY

	Facilitated 4	Assisted Somewhat 3	Helped Only a Little 2	Hindered 1
a. reading conference papers	4(18)	3(1)	2(0)	1(0)
b. panelist presentations	4(17)	3(1)	2(1)	1(0)
c. group discussion	4(17)	3(2)	2(0)	1(0)
d. cost prioritization	4(6)	3(9)	2(3)	1(0)
e. action/policy recommendation	4(7)	3(7)	2(5)	1(0)
f. identifying issues for further research	4(8)	3(7)	2(4)	1(0)

IV. How could the conference have been improved?

More time

Wider representation of minority women, students, professors

Divide into sub-groups

More extensive information on factors involved in minority women becoming professionals

First panel needed a common subject

Possibly some additional pre-planning with panelists

No improvement needed

V. How do you perceive your participation in this conference contributing to your current and future work?

Impact on work with women's groups

Contacts, network building

Intellectual stimulation

Tie together conceptual ideas

Further research

VI. In addition to the Office of Health Resources Opportunity, can you identify other organizations or groups of individuals who should be aware of the proceedings and recommendations of this conference?

What would be an appropriate format to disseminate such information to the groups you have identified (e.g., compendium, short articles, monograph, etc.)?

VII. COMMENTS: (Please use back if more space needed)

"Thoughtful selection of participants and excellent subject matter."

"The most useful part was getting to know the people. It's always that way."

"I found a valuable support network."

"Probably one of the best conferences ever attended."

"More!"

"I don't think it could have been improved, given the fact that this is probably the first time that this subject has been addressed in an organized conference format. The issues involved are extremely complex but the conference organizers provided a format which allowed a thorough diagnosis of directions which research and action should take."

"Thank you. Please, let us continue this communication."

SUMMARY

Twenty evaluations were returned out of twenty-five actual participants. Each respondent did not answer every question; therefore, the totals do not always equal 20. We divided the questions into four categories: conference objectives, format, substance and overall evaluations. The questions were asked in a manner which enabled us to get measurable answers as well as some subjective response.

The responses regarding format, substance and meeting conference objectives were highly favorable. Perhaps most significant was the unanimous suggestion to continue the dialogue and build upon the network established during the intensive 2½ days.